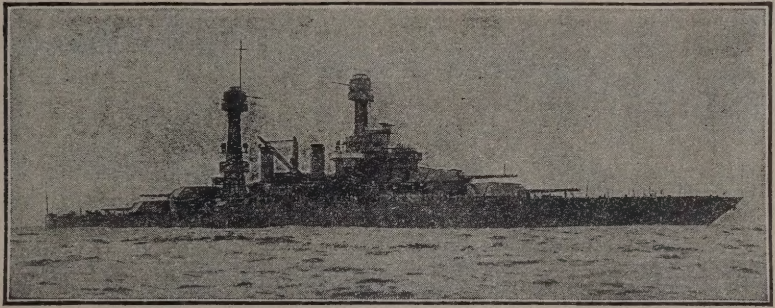
N. Nav. 84
(Sept., 1929)

# The United States of America

## Navy Department ⚓ Bureau of Navigation



## Navy Training Course Certificate

BRINER, David Francis

having completed the Navy Training Course

Pharmacist Mate Second Class

with a mark of 3.50, is awarded this certificate this 1st day of May, 1943. Notation to this effect has been made in his service record.

KSDunkin
K. S. DUNKIN

Pharmacist (T) U. S. Navy,
Educational ~~Division~~ Officer.

R H Bates
R. H. BATES

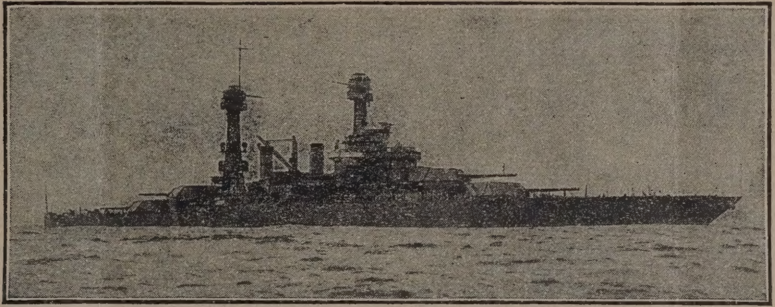
Lieut. Comdr. U. S. Navy, R.
~~Commanding~~ Executive Officer.
U. S. S. SOLACE

4—7104

N. Nav. 84
(Sept., 1929)

# The United States of America

**Navy Department ⚓ Bureau of Navigation**



## Navy Training Course Certificate

David Francis Briner

having completed the Navy Training Course

Pharmacist mate third class

with a mark of 3.75, is awarded this certificate this 31st day of August, 1942 Notation to this effect has been made in his service record.

R. B. Brown
R. B. BROWN
K.
Lt. Cdr., USNR U. S. Navy,
Division Officer.

C. [illegible] WATERS,
Lt. Comdr. U. S. Navy,
Commanding
U. S. S. SOLACE

4—7104

UNITED STATES ARMED FORCES INSTITUTE
Madison 3, Wisconsin

## MILITARY TEST REPORT

Test Completed 3 Nov 1949

David F. Briner 291 72 26

has completed the USAFI End-of-Course Test

Business Correspondence H75

with a general proficiency rating of

Satisfactory

RATING SCALE: With Distinction, Satisfactory, Unsatisfactory

This form constitutes a military report for information and/or record purposes. Headquarters, USAFI, Madison, is the only agency authorized to issue official reports of courses completed with USAFI, or results of USAFI tests to schools, colleges, employers, and other agencies. Students desiring such official reports to be forwarded for credit or employment purposes should write direct to Headquarters, USAFI, Madison 3, Wisconsin, indicating by name and address the school or employer to which the reports should be sent.

RECORDED AT USAFI, MADISON 3, WISCONSIN

USAFI Form No. A-117 (Acc)
Rev. 17 February 1948

GAS/8B
CO/GOV:TFD:Ki

U. S. NAVAL STATION
PAGO PAGO,TUTUILA
AMERICAN SAMOA

10 October 1949.

## U.S. NAVAL STATION ORDER NO.14-1949 AND I.G. EXECUTIVE ORDER NO.14-1949:

Subject: Commendation.

1. The Governor of American Samoa takes pleasure in commending all personnel, both military and civilian, who participated in fighting the fire on board the U.S.S. CHEHALIS on 7 October 1949.

2. At 0123 Friday, 7 October 1949 an explosion and fire occurred aboard the U.S.S. CHEHALIS, AOG-48, which was moored to the Fuel Dock at the U. S. Naval Station, Tutuila, American Samoa. With complete disregard for their own safety and with no hesitation what-so-ever, Naval Station personnel (including those attached to the Station, PC-1172, NAF Tafuna, and the Fita Fita Guard and Band); members of the crew of the U.S.S. CHEHALIS; Samoan Veterans; civilian employees of the Naval Station; and countless other civilians, made valiant efforts to extinguish the blaze and care for the survivors. In the face of the intense heat and the possibility of further explosions the men bravely fought the fire and succeeded in holding it in check for an extensive period. The Governor is of the opinion that only through the intelligent and courageous handling of the situation were the entire Naval Station and bay area saved from possible disaster.

Because so many people, both military and civilian, distinguished themselves it is impossible to single out individuals for their heroic action. This performance is in keeping with the highest standards of the Navy and the heritage of the Samoan people.

T. F. DARDEN,
Captain, U. S. Navy,
Commanding Officer,
U. S. Naval Station, Tutuila, Am. Samoa
and
Governor of American Samoa.

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

Publsihed and exhibited in the English and Samoan languages at the Government Offices this 10th day of October 1949.

William E. Neely
WILLIAM E. NEELY,
Attorney General of American Samoa.

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

File

U. S. S. SOLACE (AH5)

30 August,1944

From: Lt.(jg)J.A. Dorsey,U.S.N.R.
To: District Postal Officer:

Subject: Annual Check of USS SOLACE

1.The annual inspection of the post office on board the USS SOLACE was conducted on 30 August 1944. No post office inspector was available for the inspection.

2.The following is a tabulation of the accounts of David F. Briner, PhM1c, Navy Mail Clerk.

POSTAGE STAMP FIXED CREDIT

| | | | |
|---|---|---|---|
| Fixed credit | 1000.00 | Stock on hand | 879.92 |
| | | Cash on hand | 120.08 |
| Total | 1000.00 | | 1000.00 |

MONEY ORDER ACCOUNT

| | | | |
|---|---|---|---|
| Due US last account | 34172.08 | remitted to PM, N.Y. | 37528.07 |
| Money orders issued | 3341.31 | | |
| " " fees | 14.68 | | |
| Total | 37528.07 | | 37528.07 |

3. Remittances made to Postmaster New York for which receipts have not been received as follows.

| Date remitted | Amount | Date remitted | Amount |
|---|---|---|---|
| 7-4-44 | 3478.13 | 8-15- | 2565.61 |
| 7-11 | 210.93 | 8-18- | 362.03 |
| 8-4- | 133.36 | 8-24 | 886.95 |
| 8-10 | 374.64 | 8-29 | 2106.93 |
| | | Total | 10118.58 |

4. Blank money order forms in the custody of the Disbursing Officer are numbers 7947 to 10000. All money orders are turned in to the Disbursing Officer when the Post Office is not actually open.

5. The Navy Mail Clerk, David F. Briner PhM1c, is bonded by the American Bonding Co. in the amount of $5000.00. The home office of this co. is Baltimore. M.D. The Asst. Navy Mail Clerk, Harlow A. Marlett, PHM2c is bonded in the sum of $2000.00. by the Aetna Insurance Co. of New York, N.Y.

6. The Post Office is equipped with LA key No.125931 and with Rotary Key # 25537.

7. There was now mail on board awaiting redirection. The transfer card files were in a current condition. As a whole the Post Office refledts the close supervision of the Executive Officer Lt. Doxey and his aides. The Navy Mail Cler was well posted as to his duties and obligations to the service.

Respectfully
Lt.(jg)Joseph A. Dorsey,USNR

---

I certify this to be a true copy of the original which is on file in the post office aboard the U.S.S. Solace.

Harlow A. Marlett
Harlow A. Marlett PhM2c
Navy Mail Clerk, U:S..S. SOLACE

N. Nav. 524
(Rev. Mar. 1941)

# REPORT OF EXAMINATION {ADVANCEMENT / ~~CHANGE~~} IN RATING

*Bureau of Navigation Manual, Part D, Chapter 5. Examination for rating of* HA1c

*Name* BRINER, David F. (Last, first, middle) *Service No.* 291 72 26 *Present rate* HA2c (See instructions No. 2)

*U. S.* S. SOLACE (Ship or station) *Continuous active service in present rate dates from* 11-13-41 (See instructions No. 3)

*Reenlisted after broken service-current active duty commenced* ______ (Date) *as* ______ (Rate)
(Cross out as applicable, neither applies to regular Navy man with continuous service.)

*Following service computed as of* 1 April, 1942 (Date) (See instructions No. 4)

| | | | | | |
|---|---|---|---|---|---|
| Total service | years, 9 months | Current active | years, months | | years, months |
| In present rate | years, 5 months | Current active | years, months | | years, months |
| In present pay grade | years, 5 months | Current active | years, months | | years, months |
| Sea service (for C. P. O.) | years, months | Current active | years, months | | |

Column one above used for Regular Naval Service. Column two for service on current active duty in Naval Reserve. Column three for service in Organized Reserve (Class 0-1, 0-2) or Communication Reserve (Class V-3) prior to current active duty.

*Following requirements for advancement fulfilled as noted (art. D-5104 (1)):* (See instructions No. 5)

Practical factors completed—For rating Satisfactory For P. O. class (D-5202) ______

Training course(s) Non-Available Service school HCS. San Diego, Calif.

Service requirements were fulfilled on 3-13-42 (Date)

*Conduct and proficiency in rating marks for period specified by Article D-5107:*

| | | | | | | | | | Average | Meet requirements |
|---|---|---|---|---|---|---|---|---|---|---|
| Quarter ending | 12-31-41 | | 3-31-42 | | | | | | | |
| Conduct | 38 | | 40 | | | | | | 39 | (Yes) (~~No~~) |
| Proficiency in rate | 38 | | 39 | | | | | | 385 | (Yes) ~~No~~ |

Entries derived from service record certified correct C. W. WATERS, Lt.Comdr., U. S. N.

## EXAMINATION MARKS (Reference Art. D-5105)

**Article D-5201 A-N** (average mark) 3.090 **Article D-5202 for petty officers** (average mark) ______
NOTE.—Examination marks for neither Article D-5201 nor D-5202 used as factor in multiple.

**Article D-52** 43 (2)(~~B~~)(a)-(C)—**Qualifications for individual rating.**

| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) | (k) | (l) | (m) | (n) | (o) | Average |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Subjects | | | | | | | | | | | | | | | | |
| Marks | 3.4 | 3.2 | 3.0 | | | | | | | | | | | | | 3.200 |

## MULTIPLE COMPUTATION (See instructions No. 7)

| (*Use applicable table*) | Table 1.—To ratings of pay grades 1-A, 2, and 3 except MM2c, Pmkr2c, Bmkr2c, Mldr2c, Msmth2c. | | Table 2.—To ratings of pay grades 4, 5, and 6 and to MM2c, Pmkr2c, Bmkr2c, Mldr2c, Msmth2c. | | Maximum |
|---|---|---|---|---|---|
| A. Examination (in qualifications for rating) | Mark ____ × 20.0 (3 decimals) | | Mark ____ × 20.0 | | 80.00 |
| B. Total service (For multiple purposes) | Years ____ × 1.0 (2 decimals) | | Years ____ × 4.0 | | 20.00 |
| C. Service present rate (For multiple purposes) | Months ____ × 0.2 | | x x x x x x x x x x x | | 12.00 |
| D. Service present pay grade (Same as C unless rate changed) | Months ____ × 0.1 | | x x x x x x x x x x x | | 6.00 |
| E. Good conduct awards | Number ____ × 1.0 | | ____ × 1.0 | | |
| F. Bonus (see instructions) | | | | | |
| | Final multiple— | | Final multiple— | | |

Date of examination 3-12-42 U. S. S. SOLACE (Ship, station, or activity of board)

The candidate was examined in accordance with requirements of the Bureau of Navigation Manual and existing instructions We consider him to be fully qualified and do so recommend him for the rating of HA1c
Examination marks and multiple shown above certified correct.

J. C. NORRIS, Lt. Cdr. (MC) V(G)
U. S. N.R *Senior Member.*

T.W. HYNES, Lieut. (MC) V(S) USNR.
*U. S. N.*

K. L. KVAM, ~~Pharmacist~~, USN.
*U. S. N.*

SUPERVISORY BOARD (if applicable)

______ *U. S. N.* ______ *U. S. N.* ______ *U. S. N.*

## FIRST ENDORSEMENT

(See instructions No. 8)

U. S. S.SOLACE ,

1 April,1942
(Date)

*From:* Commanding Officer.

*To:* THE CHIEF OF THE BUREAU OF NAVIGATION.
(Via Bureau of Medicine and Surgery in cases of Hospital Corps Ratings.)

*Subject:* BRINER, David Francis, HA2c, 291 72 26, USN.
(Name, rate, service number. If U. S. N. R.—show class)

Advancement—~~Change~~—to rating of HA1c Report of—~~Recommendation~~.

1. Forwarded.

2. Subject advancement ~~or change~~ in rating (XXXXXXXXXXX) (was effected this date). Authority BuNav Ltr.#1-42

3. Requirements for advancement as to service, and conduct and proficiency in rating marks have been fulfilled. (Does not apply to change of rating within same pay grade unless change is from a nonrated to a petty officer grade).

Benjamin Perlman, Capt.,
*U. S. N.*

**Original to Bureau of Navigation** (see instructions No. 9)—**copy to service record.**

## INSTRUCTIONS

1. This form shall be used in all cases of examination for advancement or change in rating of enlisted men of the regular Navy and of the Naval Reserve on *active* duty. When properly made out, the information shown indicates whether or not all requirements for advancement have been fulfilled in accordance with existing instructions (see Bunav Manual, article D–5104 (1)).

2. In cases of Naval Reservists, the Naval Reserve class designation shall always be shown along with the rating wherever it appears. Example: BM1c V–6 U. S. N. R.

3. For regular Navy men continuous service in a rate (line 3 of heading) dates from the date of last advancement (or change) to that rate unless a broken service period intervenes in which case it dates from the date of reenlistment in that rate. For Naval Reservists on active duty continuous service in a rate dates from the date of last advancement (or change) while on current active duty, or the date of reporting for current active duty, whichever is the later. Service in rating to determine eligibility for advancement is counted from date entered in space provided.

4. SERVICE DATA TABLE.—(*a*) Current instructions will specify date to which service is to be computed. (*b*) Sea service for C. P. O. is that used for determining eligibility for advancement from petty officer first class to C. P. O. (AA) in accordance with current instructions. (*c*) Count 16 days or more as a full month. Do not count 15 days or less. (*d*) Obtain data from current service record and continuous service certificate.

5. REQUIREMENTS FOR ADVANCEMENT TABLE.—Fill in all spaces. If training course not available or any items not required, so state. In quarterly marks space enter only for quarters within period in which marks affect eligibility for advancement.

6. EXAMINATION MARKS.—(*a*) Examination marks to be on scale 0 to 4.0 (2.5 passing). See Bunav Manual, article D–5105. (*b*) Examination mark in neither D–5201 nor D–5202 is to be averaged with mark in examination for rating. (*c*) No marks are required for article D–5201 or D–5202 in case of examination for change in rating not involving advancement.

7. MULTIPLE TABLE.—(*a*) Multiple computation is not required when man examined is not competing with others for rating in question (as when no competition is indicated because sufficient rates are available for all qualified).

(*b*) For broken-service men and men who have been disrated and Naval Reservists with previous regular Naval service, such previous service in present rating or a higher rating may be included in determining factors (C) and (D).

(*c*) Only service on current active duty in the Naval Reserve may be counted in determining factors (B), (C) and (D), except that previous service in classes 0–1, 0–2 and V–3, Naval Reserve, may be counted at half rate. Inactive duty in any other classes of the Naval Reserve shall not be counted. All *regular* naval service is counted.

(*d*) Enter examination mark to 3 decimal places. Enter multiple to 2 decimal places.

(*e*) For each Good Conduct Medal earned (even though not yet actually received) 1.0 is added to multiple.

(*f*) Bonuses may be credited to multiple as follows: 5.00 for Medal of Honor; 4.00 each for Distinguished Service Medal (Army and Navy), Distinguished Service Cross (Army), Distinguished Flying Cross (Army and Navy), Life Saving Medal, and Navy Cross; 2.00 for each letter of commendation addressed *personally* to man from President, Secretary of the Navy, Chief of Naval Operation, or Chief of the Bureau of Navigation. If bonus is claimed enter pertinent data or, if space does not permit, attach list of medals or letters to this report.

8. ENDORSEMENT.—Always complete appropriate endorsement before forwarding. In cases where form is forwarded to examining board for further forwarding to Bureau (chief petty officer recommendations for example) the endorsement should be completed as a recommendation with (if desired) appropriate remarks in paragraph 2 in cases of "above average" and "superior" candidates.

9. An additional copy of this form is required for the Bureau of Medicine and Surgery in the case of all Hospital Corps ratings.

## HOSPITAL CORPS

**(In cases of first enlistment in, first advancement in, or transfer to ratings of the Hospital Corps, the following information should be submitted)**

Enlisted ________ (Date) at ________ for ________ (Number years) Rate ________ (In which enlisted)

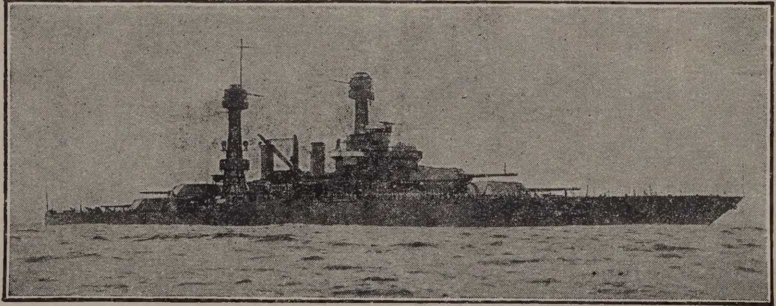
________ (Date and place of birth) ________ (Home address)

U. S. GOVERNMENT PRINTING OFFICE 16—9669

N. Nav. 84
(Sept., 1929)

# The United States of America

## Navy Department ⚓ Bureau of Navigation



## Navy Training Course Certificate

David Francis BRINER, 291 72 26, U.S. Navy,

having completed the Navy Training Course

for Hospital Apprehtice First Class,

with a mark of 3.6, is awarded this certificate this 27th day of January, 19 42. Notation to this effect has been made in his service record.

C P Hines
C.P. HINES,
Lieut. (HC), U. S. Navy,
Division Officer.

R. Hayden
R. HAYDEN,
Captain, (MC), U. S. Navy,
Commanding
U. S. Naval Hospital, Pearl Harbor, T.H.

U. S. GOVERNMENT PRINTING OFFICE 4—7104

FORM 58

TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE
BALTIMORE 2, MD.
Custom House

OFFICE OF THE COLLECTOR
DISTRICT OF MARYLAND

2090

IN REPLY REFER TO
Room 424 - 1949 Form 1040 A

August 28, 1950

Mr. David Francis Briner, HMC 291 72 26
Naval Governmmt Unit, Samoa
Box X,FPO Navy 128
% Fleet Postoffice, San Francisco California

Dear Mr. Briner:

Your 1949 income tax return, Form 1040-A, was received. The information given thereon is not sufficient for this office to make a proper determination of your tax liability; therefore, please furnish the specific information requested below:

1. Citizenship ( ) Citizen of the United States of America
( ) Alien - resident in United States entire year
( ) Alien - nonresident any part of year

2. Citizen *(a) Income earned outside United States
If a citizen, and a part of your 1948 9 income was earned abroad, state amount and source thereof and furnish proof of the establishment of a bona fide residence abroad, stating exactly when and where (see excerpt from Regulations 111, Sec. 29.116-1, Internal Revenue Code attached).
(b) Foreign income taxes
If foreign income taxes were paid or accrued, credit may be claimed against fully computed United States taxes, line 15, page 3, Form 1040, and Form 1116 must be filed.
*(c) Income from sources in possessions of United States
If a portion of your income had a source within a possession of the United States and you claim the benefits of Section 251(a), Internal Revenue Code, your return must be filed on Form 1040, with Form 1040-E and supplement.

3. Alien If not a citizen of the United States and nonresident any part of the year, Form 1040-B must be filed as your return, accompanied by Form 843 claiming refund of any excessive tax paid or withheld at source of income.

Please return carbon copy of this letter with your reply for prompt identification and disposition of the matter.

Very truly yours,

George Hofferbert, Collector

By: R. J. Daugherty
Chief, Income Tax Division

ag

TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE
BALTIMORE 2, MD.

OFFICE OF THE COLLECTOR
DISTRICT OF MARYLAND

CUSTOM HOUSE

5213

September 24, 1951

IN REPLY REFER TO:
Room 424

Mr. David S. Briner
HMC, U.S. Navy
U.S. Naval Hospital (Staff)
Mare Island
Vallejo, California

Dear Mr. Briner:

This refers to your letter of September 4, 1951 advising that during 1950 you were located at Tutuila, American Samoa, and therefore, should not have paid Federal income tax on your earnings received within that possession of the United States. You requested forms on which to file to secure a refund.

Your return cannot be located at this time. However, a blank Form 1040 is enclosed for your use in filing an amended return and Treasury Department Form 843 is also enclosed for your use in filing a formal claim for refund. If you have received any bill or other information which will be of assistance in identifying your return, please submit it with the amended form and claim.

Attach your reply to the enclosed carbon copy of this letter for identification purposes.

Very truly yours,

George Hofferbert, Collector

By: R. J. Daugherty
Head, Income Tax Division

Enclosure
CHG:pbc

U. S. Naval Hospital (Staff)
Mare Island
Vallejo, California
November 7, 1951

Head, Income Tax Division
Treasury Department
Internal Revenue Service
Custom House
Baltimore 2, Maryland

Dear Sir:

This is in reply to your letter, Room 424, dated September 24, 1951, which a carbon copy is attached hereto.

I have enclosed herewith an amended return for 1950 (Form 1040) and also Treasury Department Form 843, which is the second time I have submitted the Claim Form to your office.

My total wages for the calender year of 1950 was $2,916.00. The amount for income tax for the year of 1950 was $352.00; but, I sent to your office in money orders the amount of $357.00. The money order numbers were: No. 118531 in the amount of $100.00; No. 118532 in the amount of $100.00; No. 118533 in the amount of $100.00; and, No. 118534 in the amount of $57.00 - total amount of $357.00. These money orders with my 1950 return (Form 1040) was mailed to your office on or about March 7, 1951, via air mail, from Pago Pago, Tutuila, American Samoa.

I would appreciate prompt action and an immediate reply to the status of my claim. I am enclosing an air mail stamp for your reply.

Very truly yours,

David Francis BRINER
HMC, 291 72 26, U.S. Navy
U.S. Naval Hospital (Staff)
Mare Island
Vallejo, California

Form 843
U. S. TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE
(Revised April 1950)

# CLAIM

TO BE FILED WITH THE COLLECTOR WHERE ASSESSMENT WAS MADE OR TAX PAID

---

*The Collector will indicate in the block below the kind of claim filed, and fill in, where required, the certificate on the back of this form*

COLLECTOR'S STAMP
(Date received)

☐ REFUND OF TAXES ILLEGALLY, ERRONEOUSLY, OR EXCESSIVELY COLLECTED.
☐ REFUND OF AMOUNT PAID FOR STAMPS UNUSED, OR USED IN ERROR OR EXCESS.
☐ ABATEMENT OF TAX ASSESSED (not applicable to estate, gift, or income taxes).

TYPE OR PRINT

Name of taxpayer or purchaser of stamps BRINER, David Francis, HMC, 291 72 26, U.S.N.

Business address
(Street) (City or town, postal zone number) (State)

Residence U.S.Naval Hospital (Staff)
Mare Island, Vallejo, California

1. District in which return (if any) was filed Customs House, Baltimore 2, Maryland
2. Period (if for tax reported on annual basis, prepare separate form for each taxable year) from 1 Jan., 1950 to 31 Dec., 1950
3. Character of assessment or tax Annual income tax for the calender year 1950.
4. Amount of assessment, $ 357.00; dates of payment March 7, 1951
5. Date stamps were purchased from the Government - - - - - - - - - - - - - -
6. Amount to be refunded $ 357.00
7. Amount to be abated (not applicable to income, estate, or gift taxes) $ - - - - - - -

The claimant believes that this claim should be allowed for the following reasons:

Public Law 82 of the Eighty-second Congress, enacted 23 July 1951, has changed the effective date of section 220 of the Revenue Act of 1950 to "taxable years beginning after 31 December 1950" instead of "taxable years beginning after 31 December 1949," thereby restoring the exemption allowed under section 251 of the Internal Revenue Code to the compensation of citizen employees of the United States Government and its agencies for services performed in possessions of the United States during the calender year 1950.

I was assigned to duty and arrived in Tutuila, American Samoa, September 1949 and was detached from duty in Tutuila, American Samoa, June 1951.

My 1950 income tax was paid with the following money orders issued by the post office in Pago Pago, Tutuila, American Samoa. Money order Numbers sent to your office were: No. 118531 in the amount of $100.00; No. 118532 in the amount of $100.00; No. 118533 in the amount of $100.00 and No. 118534 in the amount of $57.00.

(Attach letter-size sheets if space is not sufficient)

I declare under the penalties of perjury that this claim (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true and correct.

Signed David Francis BRINER, HMC, U.S.N.

Dated 7 November, 19 51

(SEE INSTRUCTIONS ON OTHER SIDE)

16—15504-5

# CERTIFICATE

I certify that an examination of the records of this office shows the following facts as to the assessment and payment of the tax: (Show, in the ninth column, by symbols "Pd.," "Ab.," or "Cr.," the nature of each entry in the eighth column.)

| Class of tax and taxable year or period | ASSESSMENT LIST | | | ACCOUNT NO. OR | | Amount assessed | | PAID, ABATED, OR CREDITED | | | Pd.<br>Ab.<br>Cr. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | List | Month | Year | Page | Line | | | Date | Amount | | |
| | | | | | | $ | | | $ | | |
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| | | | | | Total, | $ | | Total, | $ | | |

I certify that the records of this office show the following facts as to the purchase of stamps:

| To Whom Sold or Issued | Kind | Number | Denomination | Date of sale or issue | Amount | | If special tax stamp, state: | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | Serial number | Period commencing— |
| | | | | | $ | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |

________________, ________________

*Collector of Internal Revenue.* (District)

| |
|---|
| Claim examined by— |
| |
| Claim approved by— |
| |
| *Chief of Division.* |

Amount claimed... $________________

Amount allowed... $________________

Amount rejected... $________________

## INSTRUCTIONS

1. The claim must set forth in detail each ground upon which it is made and facts sufficient to apprise the Commissioner of the exact basis thereof.

2. Whenever it is necessary to have the claim executed by an agent on behalf of the taxpayer, an authenticated copy of the document specifically authorizing such agent to sign the claim on behalf of the taxpayer shall accompany the claim.

3. If a return is filed by an individual and a refund claim is thereafter filed by a legal representative of the deceased, certified copies of the letters testamentary, letters of administration, or other similar evidence must be annexed to the claim, to show the authority of the executor, administrator, or other fiduciary by whom the claim is filed. If an executor, administrator, guardian, trustee, receiver, or other fiduciary files a return and thereafter refund claim is filed by the same fiduciary, documentary evidence to establish the legal authority of the fiduciary need not accompany the claim, provided a statement is made on the claim showing that the return was filed by the fiduciary and that the latter is still acting.

4. Where the taxpayer is a corporation, the claim will be signed with the corporate name, followed by the signature and title of the officer having authority to sign for the corporation.

U. S. GOVERNMENT PRINTING OFFICE 16—15504-5

**FORM 1040**
**U.S. Treasury Department**
**Internal Revenue Service**

# U. S. INDIVIDUAL INCOME TAX RETURN

**1950**
**CALENDAR YEAR**

For other taxable years ending after Sept. 30, 1950, but before Dec. 31, 1951, attach Form 1040FY

**EMPLOYEES: Instead of this form, you may use Form 1040A if your total income was less than $5,000, consisting wholly of wages shown on Forms W-2, or of such wages and not more than $100 of other wages, dividends, and interest.**

Do not write in these spaces
Serial No.
(Cashier's Stamp)

Name
(PLEASE PRINT. If this is a joint return of husband and wife, use first names of both)
BRINER, David Francis, HMC, 291 72 26, U.S.N.
HOME ADDRESS
(PLEASE PRINT. Street and number or rural route)
U.S. Naval Government Unit, Samoa
(City, town, or post office) (Postal zone number) (State)
Pago Pago, Tutuila, American Samoa
Social Security No. Occupation

## Your exemptions

1. List your own name.
If married and your wife (or husband) had no income, or if this is a joint return of husband and wife, list name of your wife (or husband).

List names of other close relatives (as defined in Instructions) with 1950 gross incomes of less than $500 who received more than one-half of their support from you in 1950. If this is a joint return of husband and wife, list dependent relatives of both.

| Name (please print) | Check below whether you (or your wife) were at the end of your taxable year— 65 OR OVER | BLIND | On lines a and b below—<br>Write 1 if neither 65 nor blind;<br>Write 2 if either 65 or blind;<br>Write 3 if both 65 and blind. |
|---|---|---|---|
| Your name | Yes ☐ No ☐ | Yes ☐ No ☐ | a. Number of exemptions for you |
| Wife's (or husband's) name David Francis BRINER | Yes ☐ [✓ No] ☐ | Yes ☐ [✓ No] ☐ | b. Number of her (his) exemptions 1 |

| Name of Other Dependent Relative | Relationship | Address—If different from yours |
|---|---|---|
| - - - - - - - - - - - | | |
| None | None | None |

Enter here total number of exemptions claimed (yours and your wife's plus one for each dependent listed above)→

## Your income

2. Enter your total wages, salaries, bonuses, commissions, and other compensation received in 1950, BEFORE PAY-ROLL DEDUCTIONS for taxes, dues, insurance, bonds, etc. Also enter amount of income tax withheld. Members of Armed Forces and persons claiming traveling or reimbursed expenses, see Instructions.

| Print Employer's Name | Where Employed (City and State) | Amount of Income Tax Withheld | Total Wages |
|---|---|---|---|
| | | $ | $ |
| U.S. Navy | Pago Pago, American Samoa | - - - - - | 2916.00 |
| | Enter totals | $ | $ |

3. If you received dividends, interest, or any other income, give details on page 2 and enter the total here ........ 2916.00

4. Add income shown in items 2 and 3, and enter the total here ........ $ - - - -

2916.00

## How to figure the tax

**IF YOUR INCOME WAS LESS THAN $5,000.**—Use the table on page 4 to find your tax—unless you itemize your deductions. This table allows about 10 percent of your total income for charitable contributions, interest, taxes, medical expenses, etc. If your deductions exceed 10 percent, it will usually be to your advantage to itemize them and compute your tax on page 3.

**IF INCOME WAS $5,000 OR MORE.**—Do not use tax table. Compute tax on page 3. Use standard deduction or itemize deductions, whichever is to your advantage.

**HUSBAND AND WIFE.**—For split-income benefits, file a joint return. If filing separate returns, and one itemizes deductions, both must itemize.

## Tax due or refund

5. Enter your tax from table on page 4, or from line 18, page 3 ........ $
352.00
6. How much have you paid on your 1950 income tax?
(A) By tax withheld (in item 2, above). Attach Original Forms W-2 $
(B) By payments on 1950 Declaration of Estimated Tax ........ - - - - - - - -
- - Enter total here →
7. If your tax (item 5) is larger than payments (item 6), enter **BALANCE OF TAX DUE** here ........ $ - - - -
**This balance of tax due must be paid in full with return.**
352.00
8. If your payments (item 6) are larger than your tax (item 5), enter the **OVERPAYMENT** here ........ $
**Enter amount of item 8 you want: Refunded to you $........; Credited on your 1951 estimated tax $........**
**Do you owe any prior year Federal tax for which you have been billed?** ........
(Yes or No)
No

If you filed a return for a prior year, state latest year ........
Where filed ........ 1949
To which Collector's office did you pay amount claimed in item 6 (B), above? Baltimore, Maryland
- - - -

County in which you reside ........
Pago Pago, American Samoa
Is your wife (or husband) making a separate return for 1950? ........ (Yes or No)
- - -
If "Yes," write her (or his) name ........

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

(Signature of person, other than taxpayer, preparing this return) (Date)

(Name of firm or employer, if any)

David Francis BRINER 7 November 195
(Signature of taxpayer) (Date)

(Signature of taxpayer's wife or husband if this is a joint return) (Date)

**To assure any benefits of split-income provisions, husband and wife must include all their income, and BOTH MUST SIGN, even though only one has income.**

16—62581-1

# CERTIFICATE

I certify that an examination of the records of this office shows the following facts as to the assessment and payment of the tax: (Show, in the ninth column, by symbols "Pd.," "Ab.," or "Cr.," the nature of each entry in the eighth column.)

| Class of tax and taxable year or period | ASSESSMENT LIST |  |  | ACCOUNT NO. OR |  | Amount assessed | PAID, ABATED, OR CREDITED |  | Pd. Ab. Cr. |
|---|---|---|---|---|---|---|---|---|---|
|  | List | Month | Year | Page | Line |  | Date | Amount |  |
|  |  |  |  |  |  | $ |  | $ |  |
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|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Total, | $ | Total, | $ |  |

I certify that the records of this office show the following facts as to the purchase of stamps:

| TO WHOM SOLD OR ISSUED | Kind | Number | Denomination | Date of sale or issue | Amount | If special tax stamp, state: |  |
|---|---|---|---|---|---|---|---|
|  |  |  |  |  |  | Serial number | Period commencing— |
|  |  |  |  |  | $ |  |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

_______________, _______________
*Collector of Internal Revenue.* (District)

Claim examined by—

Claim approved by—

*Chief of Division.*

Amount claimed... $________

Amount allowed... $________

Amount rejected... $________

# INSTRUCTIONS

1. The claim must set forth in detail each ground upon which it is made and facts sufficient to apprise the Commissioner of the exact basis thereof.

2. Whenever it is necessary to have the claim executed by an agent on behalf of the taxpayer, an authenticated copy of the document specifically authorizing such agent to sign the claim on behalf of the taxpayer shall accompany the claim.

3. If a return is filed by an individual and a refund claim is thereafter filed by a legal representative of the deceased, certified copies of the letters testamentary, letters of administration, or other similar evidence must be annexed to the claim, to show the authority of the executor, administrator, or other fiduciary by whom the claim is filed. If an executor, administrator, guardian, trustee, receiver, or other fiduciary files a return and thereafter refund claim is filed by the same fiduciary, documentary evidence to establish the legal authority of the fiduciary need not accompany the claim, provided a statement is made on the claim showing that the return was filed by the fiduciary and that the latter is still acting.

4. Where the taxpayer is a corporation, the claim will be signed with the corporate name, followed by the signature and title of the officer having authority to sign for the corporation.

U. S. GOVERNMENT PRINTING OFFICE 16—15504-5

**If you use this table, tear off this page and file only pages 1 and 2**

## TAX TABLE FOR CALENDAR YEAR 1950
### FOR PERSONS WITH INCOMES UNDER $5,000 NOT COMPUTING TAX ON PAGE 3

Read down the shaded columns below until you find the line covering the total income you entered in item 4, page 1. Then read across to the column headed by the number corresponding to the number of exemptions claimed in item 1, page 1. Enter the tax you find there in item 5, page 1.

| If total income in item 4, page 1, is— At least | But less than | And the number of exemptions claimed in item 1, page 1, is— 1 | 2 | 3 | 4 or more |
|---|---|---|---|---|---|
| | | Your tax is— | | | |
| $0 | $675 | $0 | $0 | $0 | $0 |
| 675 | 700 | 3 | 0 | 0 | 0 |
| 700 | 725 | 7 | 0 | 0 | 0 |
| 725 | 750 | 11 | 0 | 0 | 0 |
| 750 | 775 | 15 | 0 | 0 | 0 |
| 775 | 800 | 19 | 0 | 0 | 0 |
| 800 | 825 | 23 | 0 | 0 | 0 |
| 825 | 850 | 27 | 0 | 0 | 0 |
| 850 | 875 | 31 | 0 | 0 | 0 |
| 875 | 900 | 35 | 0 | 0 | 0 |
| 900 | 925 | 38 | 0 | 0 | 0 |
| 925 | 950 | 42 | 0 | 0 | 0 |
| 950 | 975 | 46 | 0 | 0 | 0 |
| 975 | 1,000 | 50 | 0 | 0 | 0 |
| 1,000 | 1,025 | 54 | 0 | 0 | 0 |
| 1,025 | 1,050 | 58 | 0 | 0 | 0 |
| 1,050 | 1,075 | 62 | 0 | 0 | 0 |
| 1,075 | 1,100 | 66 | 0 | 0 | 0 |
| 1,100 | 1,125 | 70 | 0 | 0 | 0 |
| 1,125 | 1,150 | 74 | 0 | 0 | 0 |
| 1,150 | 1,175 | 78 | 0 | 0 | 0 |
| 1,175 | 1,200 | 82 | 0 | 0 | 0 |
| 1,200 | 1,225 | 85 | 0 | 0 | 0 |
| 1,225 | 1,250 | 89 | 0 | 0 | 0 |
| 1,250 | 1,275 | 93 | 0 | 0 | 0 |
| 1,275 | 1,300 | 97 | 0 | 0 | 0 |
| 1,300 | 1,325 | 101 | 0 | 0 | 0 |
| 1,325 | 1,350 | 105 | 1 | 0 | 0 |
| 1,350 | 1,375 | 109 | 5 | 0 | 0 |
| 1,375 | 1,400 | 113 | 8 | 0 | 0 |
| 1,400 | 1,425 | 117 | 12 | 0 | 0 |
| 1,425 | 1,450 | 121 | 16 | 0 | 0 |
| 1,450 | 1,475 | 125 | 20 | 0 | 0 |
| 1,475 | 1,500 | 129 | 24 | 0 | 0 |
| 1,500 | 1,525 | 132 | 28 | 0 | 0 |
| 1,525 | 1,550 | 136 | 32 | 0 | 0 |
| 1,550 | 1,575 | 140 | 36 | 0 | 0 |
| 1,575 | 1,600 | 144 | 40 | 0 | 0 |
| 1,600 | 1,625 | 148 | 44 | 0 | 0 |
| 1,625 | 1,650 | 152 | 48 | 0 | 0 |
| 1,650 | 1,675 | 156 | 52 | 0 | 0 |
| 1,675 | 1,700 | 160 | 55 | 0 | 0 |
| 1,700 | 1,725 | 164 | 59 | 0 | 0 |
| 1,725 | 1,750 | 168 | 63 | 0 | 0 |
| 1,750 | 1,775 | 172 | 67 | 0 | 0 |
| 1,775 | 1,800 | 176 | 71 | 0 | 0 |
| 1,800 | 1,825 | 179 | 75 | 0 | 0 |
| 1,825 | 1,850 | 183 | 79 | 0 | 0 |
| 1,850 | 1,875 | 187 | 83 | 0 | 0 |
| 1,875 | 1,900 | 191 | 87 | 0 | 0 |
| 1,900 | 1,925 | 195 | 91 | 0 | 0 |
| 1,925 | 1,950 | 199 | 95 | 0 | 0 |
| 1,950 | 1,975 | 203 | 99 | 0 | 0 |
| 1,975 | 2,000 | 207 | 102 | 0 | 0 |
| 2,000 | 2,025 | 211 | 106 | 2 | 0 |
| 2,025 | 2,050 | 215 | 110 | 6 | 0 |
| 2,050 | 2,075 | 219 | 114 | 10 | 0 |
| 2,075 | 2,100 | 223 | 118 | 14 | 0 |
| 2,100 | 2,125 | 226 | 122 | 18 | 0 |
| 2,125 | 2,150 | 230 | 126 | 22 | 0 |
| 2,150 | 2,175 | 234 | 130 | 25 | 0 |
| 2,175 | 2,200 | 238 | 134 | 29 | 0 |
| 2,200 | 2,225 | 242 | 138 | 33 | 0 |
| 2,225 | 2,250 | 246 | 142 | 37 | 0 |
| 2,250 | 2,275 | 250 | 146 | 41 | 0 |
| 2,275 | 2,300 | 254 | 149 | 45 | 0 |
| 2,300 | 2,325 | 258 | 153 | 49 | 0 |

| If total income in item 4, page 1, is— At least | But less than | And the number of exemptions claimed in item 1, page 1, is— 1 | 2 And you are single or a married person filing separately | 2 And you are a married couple filing jointly | 3 And you are single or a married person filing separately | 3 And you are a married couple filing jointly | 4 | 5 | 6 | 7 | 8 or more |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Your tax is— | | | | | | | | | |
| $2,325 | $2,350 | $262 | $157 | $157 | $53 | $53 | $0 | $0 | $0 | $0 | $0 |
| 2,350 | 2,375 | 266 | 161 | 161 | 57 | 57 | 0 | 0 | 0 | 0 | 0 |
| 2,375 | 2,400 | 269 | 165 | 165 | 61 | 61 | 0 | 0 | 0 | 0 | 0 |
| 2,400 | 2,425 | 273 | 169 | 169 | 65 | 65 | 0 | 0 | 0 | 0 | 0 |
| 2,425 | 2,450 | 277 | 173 | 173 | 69 | 69 | 0 | 0 | 0 | 0 | 0 |
| 2,450 | 2,475 | 281 | 177 | 177 | 72 | 72 | 0 | 0 | 0 | 0 | 0 |
| 2,475 | 2,500 | 285 | 181 | 181 | 76 | 76 | 0 | 0 | 0 | 0 | 0 |
| 2,500 | 2,525 | 289 | 185 | 185 | 80 | 80 | 0 | 0 | 0 | 0 | 0 |
| 2,525 | 2,550 | 293 | 189 | 189 | 84 | 84 | 0 | 0 | 0 | 0 | 0 |
| 2,550 | 2,575 | 297 | 192 | 192 | 88 | 88 | 0 | 0 | 0 | 0 | 0 |
| 2,575 | 2,600 | 301 | 196 | 196 | 92 | 92 | 0 | 0 | 0 | 0 | 0 |
| 2,600 | 2,625 | 305 | 200 | 200 | 96 | 96 | 0 | 0 | 0 | 0 | 0 |
| 2,625 | 2,650 | 309 | 204 | 204 | 100 | 100 | 0 | 0 | 0 | 0 | 0 |
| 2,650 | 2,675 | 313 | 208 | 208 | 104 | 104 | 0 | 0 | 0 | 0 | 0 |
| 2,675 | 2,700 | 316 | 212 | 212 | 108 | 108 | 3 | 0 | 0 | 0 | 0 |
| 2,700 | 2,725 | 320 | 216 | 216 | 112 | 112 | 7 | 0 | 0 | 0 | 0 |
| 2,725 | 2,750 | 324 | 220 | 220 | 115 | 115 | 11 | 0 | 0 | 0 | 0 |
| 2,750 | 2,775 | 328 | 224 | 224 | 119 | 119 | 15 | 0 | 0 | 0 | 0 |
| 2,775 | 2,800 | 332 | 228 | 228 | 123 | 123 | 19 | 0 | 0 | 0 | 0 |
| 2,800 | 2,825 | 336 | 232 | 232 | 127 | 127 | 23 | 0 | 0 | 0 | 0 |
| 2,825 | 2,850 | 340 | 236 | 236 | 131 | 131 | 27 | 0 | 0 | 0 | 0 |
| 2,850 | 2,875 | 344 | 239 | 239 | 135 | 135 | 31 | 0 | 0 | 0 | 0 |
| 2,875 | 2,900 | 348 | 243 | 243 | 139 | 139 | 35 | 0 | 0 | 0 | 0 |
| 2,900 | 2,925 | 352 | 247 | 247 | 143 | 143 | 38 | 0 | 0 | 0 | 0 |
| 2,925 | 2,950 | 357 | 251 | 251 | 147 | 147 | 42 | 0 | 0 | 0 | 0 |
| 2,950 | 2,975 | 361 | 255 | 255 | 151 | 151 | 46 | 0 | 0 | 0 | 0 |
| 2,975 | 3,000 | 366 | 259 | 259 | 155 | 155 | 50 | 0 | 0 | 0 | 0 |
| 3,000 | 3,050 | 373 | 265 | 265 | 161 | 161 | 56 | 0 | 0 | 0 | 0 |
| 3,050 | 3,100 | 382 | 273 | 273 | 168 | 168 | 64 | 0 | 0 | 0 | 0 |
| 3,100 | 3,150 | 391 | 281 | 281 | 176 | 176 | 72 | 0 | 0 | 0 | 0 |
| 3,150 | 3,200 | 400 | 288 | 288 | 184 | 184 | 80 | 0 | 0 | 0 | 0 |
| 3,200 | 3,250 | 409 | 296 | 296 | 192 | 192 | 87 | 0 | 0 | 0 | 0 |
| 3,250 | 3,300 | 418 | 304 | 304 | 200 | 200 | 95 | 0 | 0 | 0 | 0 |
| 3,300 | 3,350 | 427 | 312 | 312 | 207 | 207 | 103 | 0 | 0 | 0 | 0 |
| 3,350 | 3,400 | 436 | 320 | 320 | 215 | 215 | 111 | 7 | 0 | 0 | 0 |
| 3,400 | 3,450 | 445 | 328 | 328 | 223 | 223 | 119 | 14 | 0 | 0 | 0 |
| 3,450 | 3,500 | 454 | 335 | 335 | 231 | 231 | 127 | 22 | 0 | 0 | 0 |
| 3,500 | 3,550 | 463 | 343 | 343 | 239 | 239 | 134 | 30 | 0 | 0 | 0 |
| 3,550 | 3,600 | 472 | 352 | 351 | 247 | 247 | 142 | 38 | 0 | 0 | 0 |
| 3,600 | 3,650 | 481 | 361 | 359 | 254 | 254 | 150 | 46 | 0 | 0 | 0 |
| 3,650 | 3,700 | 490 | 370 | 367 | 262 | 262 | 158 | 54 | 0 | 0 | 0 |
| 3,700 | 3,750 | 499 | 379 | 375 | 270 | 270 | 166 | 61 | 0 | 0 | 0 |
| 3,750 | 3,800 | 508 | 388 | 382 | 278 | 278 | 174 | 69 | 0 | 0 | 0 |
| 3,800 | 3,850 | 517 | 397 | 390 | 286 | 286 | 181 | 77 | 0 | 0 | 0 |
| 3,850 | 3,900 | 526 | 406 | 398 | 294 | 294 | 189 | 85 | 0 | 0 | 0 |
| 3,900 | 3,950 | 535 | 415 | 406 | 301 | 301 | 197 | 93 | 0 | 0 | 0 |
| 3,950 | 4,000 | 544 | 424 | 414 | 309 | 309 | 205 | 100 | 0 | 0 | 0 |
| 4,000 | 4,050 | 553 | 433 | 422 | 317 | 317 | 213 | 108 | 4 | 0 | 0 |
| 4,050 | 4,100 | 562 | 442 | 429 | 325 | 325 | 221 | 116 | 12 | 0 | 0 |
| 4,100 | 4,150 | 571 | 451 | 437 | 333 | 333 | 228 | 124 | 20 | 0 | 0 |
| 4,150 | 4,200 | 580 | 460 | 445 | 341 | 341 | 236 | 132 | 27 | 0 | 0 |
| 4,200 | 4,250 | 589 | 469 | 453 | 349 | 348 | 244 | 140 | 35 | 0 | 0 |
| 4,250 | 4,300 | 598 | 478 | 461 | 358 | 356 | 252 | 147 | 43 | 0 | 0 |
| 4,300 | 4,350 | 607 | 487 | 468 | 367 | 364 | 260 | 155 | 51 | 0 | 0 |
| 4,350 | 4,400 | 616 | 496 | 476 | 376 | 372 | 268 | 163 | 59 | 0 | 0 |
| 4,400 | 4,450 | 625 | 505 | 484 | 385 | 380 | 275 | 171 | 67 | 0 | 0 |
| 4,450 | 4,500 | 634 | 514 | 492 | 394 | 388 | 283 | 179 | 74 | 0 | 0 |
| 4,500 | 4,550 | 643 | 523 | 500 | 403 | 395 | 291 | 187 | 82 | 0 | 0 |
| 4,550 | 4,600 | 652 | 532 | 508 | 412 | 403 | 299 | 194 | 90 | 0 | 0 |
| 4,600 | 4,650 | 661 | 541 | 515 | 421 | 411 | 307 | 202 | 98 | 0 | 0 |
| 4,650 | 4,700 | 670 | 550 | 523 | 430 | 419 | 315 | 210 | 106 | 1 | 0 |
| 4,700 | 4,750 | 679 | 559 | 531 | 439 | 427 | 322 | 218 | 114 | 9 | 0 |
| 4,750 | 4,800 | 688 | 568 | 539 | 448 | 435 | 330 | 226 | 121 | 17 | 0 |
| 4,800 | 4,850 | 697 | 577 | 547 | 457 | 442 | 338 | 234 | 129 | 25 | 0 |
| 4,850 | 4,900 | 706 | 586 | 555 | 466 | 450 | 346 | 241 | 137 | 33 | 0 |
| 4,900 | 4,950 | 715 | 595 | 562 | 475 | 458 | 354 | 249 | 145 | 40 | 0 |
| 4,950 | 5,000 | 724 | 604 | 570 | 484 | 466 | 361 | 257 | 153 | 48 | 0 |

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**FORM 1040**
U.S. Treasury Department
Internal Revenue Service

# U. S. INDIVIDUAL INCOME TAX RETURN

**1950**
CALENDAR YEAR

For other taxable years ending after Sept. 30, 1950, but before Dec. 31, 1951, attach Form 1040FY

**EMPLOYEES:** Instead of this form, you may use Form 1040A if your total income was less than $5,000, consisting wholly of wages shown on Forms W-2, or of such wages and not more than $100 of other wages, dividends, and interest.

Do not write in these spaces
Serial No.
(Cashier's Stamp)

Name
(PLEASE PRINT. If this is a joint return of husband and wife, use first names of both)
BRINER, David Francis, HMC, 291 72 26, U.S.N.
HOME ADDRESS
(PLEASE PRINT. Street and number or rural route)
U.S. Naval Government Unit, Samoa
(City, town, or post office) (Postal zone number) (State)
Pago Pago, Tutuila, American Samoa
Social Security No. Occupation

**Your exemptions**

1. List your own name. If married and your wife (or husband) had no income, or if this is a joint return of husband and wife, list name of your wife (or husband).

List names of other close relatives (as defined in Instructions) with 1950 gross incomes of less than $500 who received more than one-half of their support from you in 1950. If this is a joint return of husband and wife, list dependent relatives of both.

| Name (please print) | Check below whether you (or your wife) were at the end of your taxable year— 65 OR OVER | BLIND | On lines a and b below— Write 1 if neither 65 nor blind; Write 2 if either 65 or blind; Write 3 if both 65 and blind. |
|---|---|---|---|
| Your name | Yes ☐ No ☐ | Yes ☐ No ☐ | a. Number of exemptions for you |
| Wife's (or husband's) name David Francis BRINER | Yes ☐ No ☐ | Yes ☐ No ☐ | b. Number of her (his) exemptions |

| Name of Other Dependent Relative | Relationship | Address—If different from yours |
|---|---|---|
| None | None | None |

Enter here total number of exemptions claimed (yours and your wife's plus one for each dependent listed above)→ ☐

**Your income**

2. Enter your total wages, salaries, bonuses, commissions, and other compensation received in 1950, BEFORE PAY-ROLL DEDUCTIONS for taxes, dues, insurance, bonds, etc. Also enter amount of income tax withheld. Members of Armed Forces and persons claiming traveling or reimbursed expenses, see Instructions.

| Print Employer's Name | Where Employed (City and State) | Amount of Income Tax Withheld | Total Wages |
|---|---|---|---|
| | | $ | $ |
| U.S. Navy | Pago Pago, American Samoa | - - - - - | 2916.00 |
| | Enter totals | $ | $ |

3. If you received dividends, interest, or any other income, give details on page 2 and enter the total here 2916.00

4. Add income shown in items 2 and 3, and enter the total here $ - - - -

**How to figure the tax**

IF YOUR INCOME WAS LESS THAN $5,000.—Use the table on page 4 to find your tax—unless you itemize your deductions. This table allows about 10 percent of your total income for charitable contributions, interest, taxes, medical expenses, etc. If your deductions exceed 10 percent, it will usually be to your advantage to itemize them and compute your tax on page 3.

IF INCOME WAS $5,000 OR MORE.—Do not use tax table. Compute tax on page 3. Use standard deduction or itemize deductions, whichever is to your advantage. 2916.00

HUSBAND AND WIFE.—For split-income benefits, file a joint return. If filing separate returns, and one itemizes deductions, both must itemize.

**Tax due or refund**

5. Enter your tax from table on page 4, or from line 18, page 3 $
352.00
6. How much have you paid on your 1950 income tax?
(A) By tax withheld (in item 2, above). Attach Original Forms W-2 $
(B) By payments on 1950 Declaration of Estimated Tax - - - - - - -
- - - - - - Enter total here →
7. If your tax (item 5) is larger than payments (item 6), enter **BALANCE OF TAX DUE** here $ - - - -
This balance of tax due must be paid in full with return.
352.00
8. If your payments (item 6) are larger than your tax (item 5), enter the **OVERPAYMENT** here $
Enter amount of item 8 you want: Refunded to you $; Credited on your 1951 estimated tax $
Do you owe any prior year Federal tax for which you have been billed? No (Yes or No)

If you filed a return for a prior year, state latest year 1949
Where filed
To which Collector's office did you pay amount claimed in item 6 (B), above? Baltimore, Maryland
- - - - -

County in which you reside
Is your wife (or husband) making a separate return for 1950? Pago Pago, American Samoa (Yes or No)
If "Yes," write her (or his) name - - -

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

(Signature of person, other than taxpayer, preparing this return) (Date)
(Name of firm or employer, if any)

David Francis BRINER 7 November 195
(Signature of taxpayer) (Date)
(Signature of taxpayer's wife or husband if this is a joint return) (Date)

➧ To assure any benefits of split-income provisions, husband and wife must include all their income, and BOTH MUST SIGN, even though only one has income.

**If you use this table, tear off this page and file only pages 1 and 2**

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# TAX TABLE FOR CALENDAR YEAR 1950

## FOR PERSONS WITH INCOMES UNDER $5,000 NOT COMPUTING TAX ON PAGE 3

**Read down the shaded columns below until you find the line covering the total income you entered in item 4, page 1. Then read across to the column headed by the number corresponding to the number of exemptions claimed in item 1, page 1. Enter the tax you find there in item 5, page 1.**

| If total income in item 4, page 1, is— | | And the number of exemptions claimed in item 1, page 1, is— | | | |
|---|---|---|---|---|---|
| At least | But less than | 1 | 2 | 3 | 4 or more |
| | | Your tax is— | | | |
| $0 | $675 | $0 | $0 | $0 | $0 |
| 675 | 700 | 3 | 0 | 0 | 0 |
| 700 | 725 | 7 | 0 | 0 | 0 |
| 725 | 750 | 11 | 0 | 0 | 0 |
| 750 | 775 | 15 | 0 | 0 | 0 |
| 775 | 800 | 19 | 0 | 0 | 0 |
| 800 | 825 | 23 | 0 | 0 | 0 |
| 825 | 850 | 27 | 0 | 0 | 0 |
| 850 | 875 | 31 | 0 | 0 | 0 |
| 875 | 900 | 35 | 0 | 0 | 0 |
| 900 | 925 | 38 | 0 | 0 | 0 |
| 925 | 950 | 42 | 0 | 0 | 0 |
| 950 | 975 | 46 | 0 | 0 | 0 |
| 975 | 1,000 | 50 | 0 | 0 | 0 |
| 1,000 | 1,025 | 54 | 0 | 0 | 0 |
| 1,025 | 1,050 | 58 | 0 | 0 | 0 |
| 1,050 | 1,075 | 62 | 0 | 0 | 0 |
| 1,075 | 1,100 | 66 | 0 | 0 | 0 |
| 1,100 | 1,125 | 70 | 0 | 0 | 0 |
| 1,125 | 1,150 | 74 | 0 | 0 | 0 |
| 1,150 | 1,175 | 78 | 0 | 0 | 0 |
| 1,175 | 1,200 | 82 | 0 | 0 | 0 |
| 1,200 | 1,225 | 85 | 0 | 0 | 0 |
| 1,225 | 1,250 | 89 | 0 | 0 | 0 |
| 1,250 | 1,275 | 93 | 0 | 0 | 0 |
| 1,275 | 1,300 | 97 | 0 | 0 | 0 |
| 1,300 | 1,325 | 101 | 0 | 0 | 0 |
| 1,325 | 1,350 | 105 | 1 | 0 | 0 |
| 1,350 | 1,375 | 109 | 5 | 0 | 0 |
| 1,375 | 1,400 | 113 | 8 | 0 | 0 |
| 1,400 | 1,425 | 117 | 12 | 0 | 0 |
| 1,425 | 1,450 | 121 | 16 | 0 | 0 |
| 1,450 | 1,475 | 125 | 20 | 0 | 0 |
| 1,475 | 1,500 | 129 | 24 | 0 | 0 |
| 1,500 | 1,525 | 132 | 28 | 0 | 0 |
| 1,525 | 1,550 | 136 | 32 | 0 | 0 |
| 1,550 | 1,575 | 140 | 36 | 0 | 0 |
| 1,575 | 1,600 | 144 | 40 | 0 | 0 |
| 1,600 | 1,625 | 148 | 44 | 0 | 0 |
| 1,625 | 1,650 | 152 | 48 | 0 | 0 |
| 1,650 | 1,675 | 156 | 52 | 0 | 0 |
| 1,675 | 1,700 | 160 | 55 | 0 | 0 |
| 1,700 | 1,725 | 164 | 59 | 0 | 0 |
| 1,725 | 1,750 | 168 | 63 | 0 | 0 |
| 1,750 | 1,775 | 172 | 67 | 0 | 0 |
| 1,775 | 1,800 | 176 | 71 | 0 | 0 |
| 1,800 | 1,825 | 179 | 75 | 0 | 0 |
| 1,825 | 1,850 | 183 | 79 | 0 | 0 |
| 1,850 | 1,875 | 187 | 83 | 0 | 0 |
| 1,875 | 1,900 | 191 | 87 | 0 | 0 |
| 1,900 | 1,925 | 195 | 91 | 0 | 0 |
| 1,925 | 1,950 | 199 | 95 | 0 | 0 |
| 1,950 | 1,975 | 203 | 99 | 0 | 0 |
| 1,975 | 2,000 | 207 | 102 | 0 | 0 |
| 2,000 | 2,025 | 211 | 106 | 2 | 0 |
| 2,025 | 2,050 | 215 | 110 | 6 | 0 |
| 2,050 | 2,075 | 219 | 114 | 10 | 0 |
| 2,075 | 2,100 | 223 | 118 | 14 | 0 |
| 2,100 | 2,125 | 226 | 122 | 18 | 0 |
| 2,125 | 2,150 | 230 | 126 | 22 | 0 |
| 2,150 | 2,175 | 234 | 130 | 25 | 0 |
| 2,175 | 2,200 | 238 | 134 | 29 | 0 |
| 2,200 | 2,225 | 242 | 138 | 33 | 0 |
| 2,225 | 2,250 | 246 | 142 | 37 | 0 |
| 2,250 | 2,275 | 250 | 146 | 41 | 0 |
| 2,275 | 2,300 | 254 | 149 | 45 | 0 |
| 2,300 | 2,325 | 258 | 153 | 49 | 0 |

| If total income in item 4, page 1, is— | | And the number of exemptions claimed in item 1, page 1, is— | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1 | 2 | | 3 | | 4 | 5 | 6 | 7 | 8 or more |
| At least | But less than | | And you are single or a married person filing separately | And you are a married couple filing jointly | And you are single or a married person filing separately | And you are a married couple filing jointly | | | | | |
| | | Your tax is— | | | | | | | | | |
| $2,325 | $2,350 | $262 | $157 | $157 | $53 | $53 | $0 | $0 | $0 | $0 | $0 |
| 2,350 | 2,375 | 266 | 161 | 161 | 57 | 57 | 0 | 0 | 0 | 0 | 0 |
| 2,375 | 2,400 | 269 | 165 | 165 | 61 | 61 | 0 | 0 | 0 | 0 | 0 |
| 2,400 | 2,425 | 273 | 169 | 169 | 65 | 65 | 0 | 0 | 0 | 0 | 0 |
| 2,425 | 2,450 | 277 | 173 | 173 | 69 | 69 | 0 | 0 | 0 | 0 | 0 |
| 2,450 | 2,475 | 281 | 177 | 177 | 72 | 72 | 0 | 0 | 0 | 0 | 0 |
| 2,475 | 2,500 | 285 | 181 | 181 | 76 | 76 | 0 | 0 | 0 | 0 | 0 |
| 2,500 | 2,525 | 289 | 185 | 185 | 80 | 80 | 0 | 0 | 0 | 0 | 0 |
| 2,525 | 2,550 | 293 | 189 | 189 | 84 | 84 | 0 | 0 | 0 | 0 | 0 |
| 2,550 | 2,575 | 297 | 192 | 192 | 88 | 88 | 0 | 0 | 0 | 0 | 0 |
| 2,575 | 2,600 | 301 | 196 | 196 | 92 | 92 | 0 | 0 | 0 | 0 | 0 |
| 2,600 | 2,625 | 305 | 200 | 200 | 96 | 96 | 0 | 0 | 0 | 0 | 0 |
| 2,625 | 2,650 | 309 | 204 | 204 | 100 | 100 | 0 | 0 | 0 | 0 | 0 |
| 2,650 | 2,675 | 313 | 208 | 208 | 104 | 104 | 0 | 0 | 0 | 0 | 0 |
| 2,675 | 2,700 | 316 | 212 | 212 | 108 | 108 | 3 | 0 | 0 | 0 | 0 |
| 2,700 | 2,725 | 320 | 216 | 216 | 112 | 112 | 7 | 0 | 0 | 0 | 0 |
| 2,725 | 2,750 | 324 | 220 | 220 | 115 | 115 | 11 | 0 | 0 | 0 | 0 |
| 2,750 | 2,775 | 328 | 224 | 224 | 119 | 119 | 15 | 0 | 0 | 0 | 0 |
| 2,775 | 2,800 | 332 | 228 | 228 | 123 | 123 | 19 | 0 | 0 | 0 | 0 |
| 2,800 | 2,825 | 336 | 232 | 232 | 127 | 127 | 23 | 0 | 0 | 0 | 0 |
| 2,825 | 2,850 | 340 | 236 | 236 | 131 | 131 | 27 | 0 | 0 | 0 | 0 |
| 2,850 | 2,875 | 344 | 239 | 239 | 135 | 135 | 31 | 0 | 0 | 0 | 0 |
| 2,875 | 2,900 | 348 | 243 | 243 | 139 | 139 | 35 | 0 | 0 | 0 | 0 |
| 2,900 | 2,925 | 352 | 247 | 247 | 143 | 143 | 38 | 0 | 0 | 0 | 0 |
| 2,925 | 2,950 | 357 | 251 | 251 | 147 | 147 | 42 | 0 | 0 | 0 | 0 |
| 2,950 | 2,975 | 361 | 255 | 255 | 151 | 151 | 46 | 0 | 0 | 0 | 0 |
| 2,975 | 3,000 | 366 | 259 | 259 | 155 | 155 | 50 | 0 | 0 | 0 | 0 |
| 3,000 | 3,050 | 373 | 265 | 265 | 161 | 161 | 56 | 0 | 0 | 0 | 0 |
| 3,050 | 3,100 | 382 | 273 | 273 | 168 | 168 | 64 | 0 | 0 | 0 | 0 |
| 3,100 | 3,150 | 391 | 281 | 281 | 176 | 176 | 72 | 0 | 0 | 0 | 0 |
| 3,150 | 3,200 | 400 | 288 | 288 | 184 | 184 | 80 | 0 | 0 | 0 | 0 |
| 3,200 | 3,250 | 409 | 296 | 296 | 192 | 192 | 87 | 0 | 0 | 0 | 0 |
| 3,250 | 3,300 | 418 | 304 | 304 | 200 | 200 | 95 | 0 | 0 | 0 | 0 |
| 3,300 | 3,350 | 427 | 312 | 312 | 207 | 207 | 103 | 0 | 0 | 0 | 0 |
| 3,350 | 3,400 | 436 | 320 | 320 | 215 | 215 | 111 | 7 | 0 | 0 | 0 |
| 3,400 | 3,450 | 445 | 328 | 328 | 223 | 223 | 119 | 14 | 0 | 0 | 0 |
| 3,450 | 3,500 | 454 | 335 | 335 | 231 | 231 | 127 | 22 | 0 | 0 | 0 |
| 3,500 | 3,550 | 463 | 343 | 343 | 239 | 239 | 134 | 30 | 0 | 0 | 0 |
| 3,550 | 3,600 | 472 | 352 | 351 | 247 | 247 | 142 | 38 | 0 | 0 | 0 |
| 3,600 | 3,650 | 481 | 361 | 359 | 254 | 254 | 150 | 46 | 0 | 0 | 0 |
| 3,650 | 3,700 | 490 | 370 | 367 | 262 | 262 | 158 | 54 | 0 | 0 | 0 |
| 3,700 | 3,750 | 499 | 379 | 375 | 270 | 270 | 166 | 61 | 0 | 0 | 0 |
| 3,750 | 3,800 | 508 | 388 | 382 | 278 | 278 | 174 | 69 | 0 | 0 | 0 |
| 3,800 | 3,850 | 517 | 397 | 390 | 286 | 286 | 181 | 77 | 0 | 0 | 0 |
| 3,850 | 3,900 | 526 | 406 | 398 | 294 | 294 | 189 | 85 | 0 | 0 | 0 |
| 3,900 | 3,950 | 535 | 415 | 406 | 301 | 301 | 197 | 93 | 0 | 0 | 0 |
| 3,950 | 4,000 | 544 | 424 | 414 | 309 | 309 | 205 | 100 | 0 | 0 | 0 |
| 4,000 | 4,050 | 553 | 433 | 422 | 317 | 317 | 213 | 108 | 4 | 0 | 0 |
| 4,050 | 4,100 | 562 | 442 | 429 | 325 | 325 | 221 | 116 | 12 | 0 | 0 |
| 4,100 | 4,150 | 571 | 451 | 437 | 333 | 333 | 228 | 124 | 20 | 0 | 0 |
| 4,150 | 4,200 | 580 | 460 | 445 | 341 | 341 | 236 | 132 | 27 | 0 | 0 |
| 4,200 | 4,250 | 589 | 469 | 453 | 349 | 348 | 244 | 140 | 35 | 0 | 0 |
| 4,250 | 4,300 | 598 | 478 | 461 | 358 | 356 | 252 | 147 | 43 | 0 | 0 |
| 4,300 | 4,350 | 607 | 487 | 468 | 367 | 364 | 260 | 155 | 51 | 0 | 0 |
| 4,350 | 4,400 | 616 | 496 | 476 | 376 | 372 | 268 | 163 | 59 | 0 | 0 |
| 4,400 | 4,450 | 625 | 505 | 484 | 385 | 380 | 275 | 171 | 67 | 0 | 0 |
| 4,450 | 4,500 | 634 | 514 | 492 | 394 | 388 | 283 | 179 | 74 | 0 | 0 |
| 4,500 | 4,550 | 643 | 523 | 500 | 403 | 395 | 291 | 187 | 82 | 0 | 0 |
| 4,550 | 4,600 | 652 | 532 | 508 | 412 | 403 | 299 | 194 | 90 | 0 | 0 |
| 4,600 | 4,650 | 661 | 541 | 515 | 421 | 411 | 307 | 202 | 98 | 0 | 0 |
| 4,650 | 4,700 | 670 | 550 | 523 | 430 | 419 | 315 | 210 | 106 | 1 | 0 |
| 4,700 | 4,750 | 679 | 559 | 531 | 439 | 427 | 322 | 218 | 114 | 9 | 0 |
| 4,750 | 4,800 | 688 | 568 | 539 | 448 | 435 | 330 | 226 | 121 | 17 | 0 |
| 4,800 | 4,850 | 697 | 577 | 547 | 457 | 442 | 338 | 234 | 129 | 25 | 0 |
| 4,850 | 4,900 | 706 | 586 | 555 | 466 | 450 | 346 | 241 | 137 | 33 | 0 |
| 4,900 | 4,950 | 715 | 595 | 562 | 475 | 458 | 354 | 249 | 145 | 40 | 0 |
| 4,950 | 5,000 | 724 | 604 | 570 | 484 | 466 | 361 | 257 | 153 | 48 | 0 |

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## ITEMIZED DEDUCTIONS—FOR PERSONS NOT USING TAX TABLE ON PAGE 4 OR STANDARD DEDUCTION ON LINE 2 BELOW—

If husband and wife (not legally separated) file separate returns and one itemizes deductions, the other must also itemize

| | Describe deductions and state to whom paid. If more space is needed, list deductions on separate sheet of paper and attach to this return. | | Amount |
|---|---|---|---|
| **Contributions** | | $ | |
| | | | |
| | | | |
| | | | |
| | Allowable Contributions (not in excess of 15 percent of item 4, page 1) | | $ |
| **Interest** | | $ | |
| | | | |
| | | | |
| | | | |
| | Total Interest | | |
| **Taxes** | | $ | |
| | | | |
| | | | |
| | | | |
| | Total Taxes | | |
| **Losses from fire, storm, or other casualty, or theft** | | $ | |
| | | | |
| | | | |
| | Total Allowable Losses (not compensated by insurance or otherwise) | | |
| **Medical and dental expenses** | | $ | |
| | | | |
| | | | |
| | | | |
| | Net Expenses (not compensated by insurance or otherwise) | $ | |
| | Enter 5 percent of item 4, page 1, and subtract from Net Expenses | | |
| | Allowable Medical and Dental Expenses. See Instructions for limitation | | |
| **Miscellaneous (See Instructions)** | | $ | |
| | | | |
| | | | |
| | | | |
| | Total Miscellaneous Deductions | | |
| | TOTAL DEDUCTIONS | | $ |

## TAX COMPUTATION—FOR PERSONS NOT USING TAX TABLE ON PAGE 4

1. Enter amount shown in item 4, page 1. This is your Adjusted Gross Income $
2. Enter DEDUCTIONS. If deductions are itemized above, enter the total of such deductions. If adjusted gross income (line 1, above) is $5,000 or more and deductions are not itemized, enter the standard deduction of 10 percent of line 1, above, or $1,000, whichever is the lesser, or $500 if this is the separate return of a married person
3. Subtract line 2 from line 1. Enter the difference here. This is your Net Income $
4. Multiply $600 by total number of exemptions claimed in item 1, page 1. Enter total here
5. Subtract line 4 from line 3. Enter difference here $

**Lines 6, 7, and 8 should be filled in ONLY by a single person or a married person making a separate return**

6. Use the tax rates shown on page 16 of Instructions to figure your tentative tax on amount shown in line 5 (if line 3, above, includes partially tax-exempt interest, see Instructions). Enter the tentative tax here $
7. If line 6 is (*a*) not over $400, enter 13% of amount on line 6
   (*b*) over $400 but not over $100,000, enter $52 plus 9% of the excess over $400
   (*c*) over $100,000, enter $9,016 plus 7.3% of the excess over $100,000
8. Subtract line 7 from line 6. Enter the difference here. This is your combined normal tax and surtax $

**Lines 9 to 13 should be filled in ONLY if this is a joint return of husband and wife**

9. Enter here one-half of amount on line 5, above $
10. Use the tax rates shown on page 16 of Instructions to figure your tentative tax on amount shown in line 9 (if line 3, above, includes partially tax-exempt interest, see Instructions). Enter the tentative tax here $
11. If line 10 is (*a*) not over $400, enter 13% of amount on line 10
    (*b*) over $400 but not over $100,000, enter $52 plus 9% of the excess over $400
    (*c*) over $100,000, enter $9,016 plus 7.3% of the excess over $100,000
12. Subtract line 11 from line 10. Enter the difference here $
13. Multiply amount on line 12 by 2. Enter this tax here. This is your combined normal tax and surtax $
14. If alternative tax computation is made on separate Schedule D, enter here tax from line 12 on back of Schedule D $

**If you used the standard deduction in line 2, disregard lines 15, 16, and 17, and copy on line 18 the same figure you entered on line 8, 13, or 14, whichever is applicable**

15. Enter here any income tax payments to a foreign country or U. S. possession (attach Form 1116) $
16. Enter here any income tax paid at source on tax-free covenant bond interest
17. Add the figures on lines 15 and 16 and enter the total here $
18. Subtract line 17 from line 8, 13, or 14, whichever is applicable. Enter difference here and in item 5, page 1. This is your tax $

### Schedule A.—INCOME FROM DIVIDENDS

| Name and address of corporation declaring dividend | Amount | Name and address of corporation declaring dividend | Amount |
|---|---|---|---|
| | $ | | $ |
| | | | |
| | | | |
| | | | |
| | | | |

Enter total here → $

### Schedule B.—INCOME FROM INTEREST

| Name and address of payor | Amount | Name and address of payor | Amount |
|---|---|---|---|
| | $ | | $ |
| | | | |
| | | | |
| | | | |
| | | | |

Enter total here →

### Schedule C.—PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION. (Farmers should obtain Form 1040F)

Net profit (or loss) from business or profession (from separate Schedule C)

### Schedule D.—GAINS AND LOSSES FROM SALES OR EXCHANGES OF CAPITAL ASSETS, ETC.

1. Net gain (or loss) from sale or exchange of capital assets (from separate Schedule D)
2. Net gain (or loss) from sale or exchange of property other than capital assets (from separate Schedule D)

### Schedule E.—INCOME FROM ANNUITIES OR PENSIONS

| | | | |
|---|---|---|---|
| 1. Cost of annuity (total amount you paid in) | $ | 4. Total amount received this year | $ |
| 2. Amount received tax-free in prior years | | 5. Excess, if any, of line 4 over line 3 | |
| 3. Remainder of cost (line 1 less line 2) | $ | 6. Enter line 5, or 3 percent of line 1, whichever is greater (but do not enter more than line 4) | |

### Schedule F.—INCOME FROM RENTS AND ROYALTIES

| 1. Kind and location of property | 2. Amount of rent or royalty | 3. Depreciation or depletion (explain in Schedule H) | 4. Repairs (explain in Schedule I) | 5. Other expenses (itemize in Schedule I) |
|---|---|---|---|---|
| | $ | $ | $ | $ |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 1. Totals | $ | $ | $ | $ |

2. Net profit (or loss) (column 2 less sum of columns 3, 4, and 5)

### Schedule G.—INCOME FROM PARTNERSHIPS, ESTATES AND TRUSTS, AND OTHER SOURCES

| | NAME | ADDRESS | AMOUNT |
|---|---|---|---|
| 1. Partnership, joint venture, etc. | | | $ |
| 2. Estate or trust | | | |
| 3. Other sources (state nature) | | | |

Enter total here →

**Total income (or loss) from above sources (Enter as item 3, page 1)** $

### Schedule H.—EXPLANATION OF DEDUCTION FOR DEPRECIATION CLAIMED IN SCHEDULE F

| 1. Kind of property (If buildings, state material of which constructed) | 2. Date acquired | 3. Cost or other basis (do not include land or other nondepreciable property) | 4. Assets fully depreciated in use at end of year | 5. Depreciation allowed (or allowable) in prior years | 6. Remaining cost or other basis to be recovered | 7. Estimated life used in accumulating depreciation | 8. Estimated remaining life from beginning of year | 9. Depreciation allowable this year |
|---|---|---|---|---|---|---|---|---|
| | | $ | $ | $ | $ | | | $ |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

### Schedule I.—EXPLANATION OF COLUMNS 4 AND 5 OF SCHEDULE F

| 1. Column No. | 2. Explanation | 3. Amount | 1. Column No. | 2. Explanation | 3. Amount |
|---|---|---|---|---|---|
| | | $ | | | $ |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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### ITEMIZED DEDUCTIONS—FOR PERSONS NOT USING TAX TABLE ON PAGE 4 OR STANDARD DEDUCTION ON LINE 2 BELOW—

If husband and wife (not legally separated) file separate returns and one itemizes deductions, the other must also itemize

| Describe deductions and state to whom paid. If more space is needed, list deductions on separate sheet of paper and attach to this return. | | | Amount |
|---|---|---|---|
| **Contributions** | | $ | |
| | Allowable Contributions (not in excess of 15 percent of item 4, page 1) | | $ |
| **Interest** | | $ | |
| | Total Interest | | |
| **Taxes** | | $ | |
| | Total Taxes | | |
| **Losses from fire, storm, or other casualty, or theft** | | $ | |
| | Total Allowable Losses (not compensated by insurance or otherwise) | | |
| **Medical and dental expenses** | | $ | |
| | Net Expenses (not compensated by insurance or otherwise) | $ | |
| | Enter 5 percent of item 4, page 1, and subtract from Net Expenses | | |
| | Allowable Medical and Dental Expenses. See Instructions for limitation | | |
| **Miscellaneous (See Instructions)** | | $ | |
| | Total Miscellaneous Deductions | | |
| | TOTAL DEDUCTIONS | | $ |

### TAX COMPUTATION—FOR PERSONS NOT USING TAX TABLE ON PAGE 4

1. Enter amount shown in item 4, page 1. This is your Adjusted Gross Income $
2. Enter DEDUCTIONS. If deductions are itemized above, enter the total of such deductions. If adjusted gross income (line 1, above) is $5,000 or more and deductions are not itemized, enter the standard deduction of 10 percent of line 1, above, or $1,000, whichever is the lesser, or $500 if this is the separate return of a married person
3. Subtract line 2 from line 1. Enter the difference here. This is your Net Income $
4. Multiply $600 by total number of exemptions claimed in item 1, page 1. Enter total here
5. Subtract line 4 from line 3. Enter difference here $

**Lines 6, 7, and 8 should be filled in ONLY by a single person or a married person making a separate return**

6. Use the tax rates shown on page 16 of Instructions to figure your tentative tax on amount shown in line 5 (if line 3, above, includes partially tax-exempt interest, see Instructions). Enter the tentative tax here $
7. If line 6 is (a) not over $400, enter 13% of amount on line 6
   (b) over $400 but not over $100,000, enter $52 plus 9% of the excess over $400
   (c) over $100,000, enter $9,016 plus 7.3% of the excess over $100,000
8. Subtract line 7 from line 6. Enter the difference here. This is your combined normal tax and surtax $

**Lines 9 to 13 should be filled in ONLY if this is a joint return of husband and wife**

9. Enter here one-half of amount on line 5, above $
10. Use the tax rates shown on page 16 of Instructions to figure your tentative tax on amount shown in line 9 (if line 3, above, includes partially tax-exempt interest, see Instructions). Enter the tentative tax here $
11. If line 10 is (a) not over $400, enter 13% of amount on line 10
    (b) over $400 but not over $100,000, enter $52 plus 9% of the excess over $400
    (c) over $100,000, enter $9,016 plus 7.3% of the excess over $100,000
12. Subtract line 11 from line 10. Enter the difference here $
13. Multiply amount on line 12 by 2. Enter this tax here. This is your combined normal tax and surtax $
14. If alternative tax computation is made on separate Schedule D, enter here tax from line 12 on back of Schedule D $

**If you used the standard deduction in line 2, disregard lines 15, 16, and 17, and copy on line 18 the same figure you entered on line 8, 13, or 14, whichever is applicable**

15. Enter here any income tax payments to a foreign country or U. S. possession (attach Form 1116) $
16. Enter here any income tax paid at source on tax-free covenant bond interest
17. Add the figures on lines 15 and 16 and enter the total here $
18. Subtract line 17 from line 8, 13, or 14, whichever is applicable. Enter difference here and in item 5, page 1. This is your tax $

## ITEMIZED DEDUCTIONS—FOR PERSONS NOT USING TAX TABLE ON PAGE 4 OR STANDARD DEDUCTION ON LINE 2 BELOW—

If husband and wife (not legally separated) file separate returns and one itemizes deductions, the other must also itemize

| | Describe deductions and state to whom paid. If more space is needed, list deductions on separate sheet of paper and attach to this return. | | Amount |
|---|---|---|---|
| **Contributions** | | $ | |
| | | | |
| | | | |
| | | | |
| | Allowable Contributions (not in excess of 15 percent of item 4, page 1) | | $ |
| **Interest** | | $ | |
| | | | |
| | | | |
| | | | |
| | Total Interest | | |
| **Taxes** | | $ | |
| | | | |
| | | | |
| | | | |
| | Total Taxes | | |
| **Losses from fire, storm, or other casualty, or theft** | | $ | |
| | | | |
| | | | |
| | Total Allowable Losses (not compensated by insurance or otherwise) | | |
| **Medical and dental expenses** | | $ | |
| | | | |
| | | | |
| | | | |
| | Net Expenses (not compensated by insurance or otherwise) | $ | |
| | Enter 5 percent of item 4, page 1, and subtract from Net Expenses | | |
| | Allowable Medical and Dental Expenses. See Instructions for limitation | | |
| **Miscellaneous (See Instructions)** | | $ | |
| | | | |
| | | | |
| | | | |
| | Total Miscellaneous Deductions | | |
| | TOTAL DEDUCTIONS | | $ |

## TAX COMPUTATION—FOR PERSONS NOT USING TAX TABLE ON PAGE 4

1. Enter amount shown in item 4, page 1. This is your Adjusted Gross Income ........ $
2. Enter DEDUCTIONS. If deductions are itemized above, enter the total of such deductions. If adjusted gross income (line 1, above) is $5,000 or more and deductions are not itemized, enter the standard deduction of 10 percent of line 1, above, or $1,000, whichever is the lesser, or $500 if this is the separate return of a married person ........
3. Subtract line 2 from line 1. Enter the difference here. This is your Net Income ........ $
4. Multiply $600 by total number of exemptions claimed in item 1, page 1. Enter total here ........
5. Subtract line 4 from line 3. Enter difference here ........ $

**Lines 6, 7, and 8 should be filled in ONLY by a single person or a married person making a separate return**

6. Use the tax rates shown on page 16 of Instructions to figure your tentative tax on amount shown in line 5 (if line 3, above, includes partially tax-exempt interest, see Instructions). Enter the tentative tax here ........ $
7. If line 6 is (*a*) not over $400, enter 13% of amount on line 6 ........
   (*b*) over $400 but not over $100,000, enter $52 plus 9% of the excess over $400 ........
   (*c*) over $100,000, enter $9,016 plus 7.3% of the excess over $100,000 ........
8. Subtract line 7 from line 6. Enter the difference here. This is your combined normal tax and surtax ........ $

**Lines 9 to 13 should be filled in ONLY if this is a joint return of husband and wife**

9. Enter here one-half of amount on line 5, above ........ $
10. Use the tax rates shown on page 16 of Instructions to figure your tentative tax on amount shown in line 9 (if line 3, above, includes partially tax-exempt interest, see Instructions). Enter the tentative tax here ........ $
11. If line 10 is (*a*) not over $400, enter 13% of amount on line 10 ........
    (*b*) over $400 but not over $100,000, enter $52 plus 9% of the excess over $400 ........
    (*c*) over $100,000, enter $9,016 plus 7.3% of the excess over $100,000 ........
12. Subtract line 11 from line 10. Enter the difference here ........ $
13. Multiply amount on line 12 by 2. Enter this tax here. This is your combined normal tax and surtax ........ $
14. If alternative tax computation is made on separate Schedule D, enter here tax from line 12 on back of Schedule D ........ $

**If you used the standard deduction in line 2, disregard lines 15, 16, and 17, and copy on line 18 the same figure you entered on line 8, 13, or 14, whichever is applicable**

15. Enter here any income tax payments to a foreign country or U. S. possession (attach Form 1116) ........ $
16. Enter here any income tax paid at source on tax-free covenant bond interest ........
17. Add the figures on lines 15 and 16 and enter the total here ........ $
18. Subtract line 17 from line 8, 13, or 14, whichever is applicable. Enter difference here and in item 5, page 1. This is your tax ........ $

**If you use this table, tear off this page and file only pages 1 and 2**

# TAX TABLE FOR CALENDAR YEAR 1950

## FOR PERSONS WITH INCOMES UNDER $5,000 NOT COMPUTING TAX ON PAGE 3

Read down the shaded columns below until you find the line covering the total income you entered in item 4, page 1. Then read across to the column headed by the number corresponding to the number of exemptions claimed in item 1, page 1. Enter the tax you find there in item 5, page 1.

| If total income in item 4, page 1, is— | | And the number of exemptions claimed in item 1, page 1, is— | | | |
|---|---|---|---|---|---|
| At least | But less than | 1 | 2 | 3 | 4 or more |
| | | Your tax is— | | | |
| $0 | $675 | $0 | $0 | $0 | $0 |
| 675 | 700 | 3 | 0 | 0 | 0 |
| 700 | 725 | 7 | 0 | 0 | 0 |
| 725 | 750 | 11 | 0 | 0 | 0 |
| 750 | 775 | 15 | 0 | 0 | 0 |
| 775 | 800 | 19 | 0 | 0 | 0 |
| 800 | 825 | 23 | 0 | 0 | 0 |
| 825 | 850 | 27 | 0 | 0 | 0 |
| 850 | 875 | 31 | 0 | 0 | 0 |
| 875 | 900 | 35 | 0 | 0 | 0 |
| 900 | 925 | 38 | 0 | 0 | 0 |
| 925 | 950 | 42 | 0 | 0 | 0 |
| 950 | 975 | 46 | 0 | 0 | 0 |
| 975 | 1,000 | 50 | 0 | 0 | 0 |
| 1,000 | 1,025 | 54 | 0 | 0 | 0 |
| 1,025 | 1,050 | 58 | 0 | 0 | 0 |
| 1,050 | 1,075 | 62 | 0 | 0 | 0 |
| 1,075 | 1,100 | 66 | 0 | 0 | 0 |
| 1,100 | 1,125 | 70 | 0 | 0 | 0 |
| 1,125 | 1,150 | 74 | 0 | 0 | 0 |
| 1,150 | 1,175 | 78 | 0 | 0 | 0 |
| 1,175 | 1,200 | 82 | 0 | 0 | 0 |
| 1,200 | 1,225 | 85 | 0 | 0 | 0 |
| 1,225 | 1,250 | 89 | 0 | 0 | 0 |
| 1,250 | 1,275 | 93 | 0 | 0 | 0 |
| 1,275 | 1,300 | 97 | 0 | 0 | 0 |
| 1,300 | 1,325 | 101 | 0 | 0 | 0 |
| 1,325 | 1,350 | 105 | 1 | 0 | 0 |
| 1,350 | 1,375 | 109 | 5 | 0 | 0 |
| 1,375 | 1,400 | 113 | 8 | 0 | 0 |
| 1,400 | 1,425 | 117 | 12 | 0 | 0 |
| 1,425 | 1,450 | 121 | 16 | 0 | 0 |
| 1,450 | 1,475 | 125 | 20 | 0 | 0 |
| 1,475 | 1,500 | 129 | 24 | 0 | 0 |
| 1,500 | 1,525 | 132 | 28 | 0 | 0 |
| 1,525 | 1,550 | 136 | 32 | 0 | 0 |
| 1,550 | 1,575 | 140 | 36 | 0 | 0 |
| 1,575 | 1,600 | 144 | 40 | 0 | 0 |
| 1,600 | 1,625 | 148 | 44 | 0 | 0 |
| 1,625 | 1,650 | 152 | 48 | 0 | 0 |
| 1,650 | 1,675 | 156 | 52 | 0 | 0 |
| 1,675 | 1,700 | 160 | 55 | 0 | 0 |
| 1,700 | 1,725 | 164 | 59 | 0 | 0 |
| 1,725 | 1,750 | 168 | 63 | 0 | 0 |
| 1,750 | 1,775 | 172 | 67 | 0 | 0 |
| 1,775 | 1,800 | 176 | 71 | 0 | 0 |
| 1,800 | 1,825 | 179 | 75 | 0 | 0 |
| 1,825 | 1,850 | 183 | 79 | 0 | 0 |
| 1,850 | 1,875 | 187 | 83 | 0 | 0 |
| 1,875 | 1,900 | 191 | 87 | 0 | 0 |
| 1,900 | 1,925 | 195 | 91 | 0 | 0 |
| 1,925 | 1,950 | 199 | 95 | 0 | 0 |
| 1,950 | 1,975 | 203 | 99 | 0 | 0 |
| 1,975 | 2,000 | 207 | 102 | 0 | 0 |
| 2,000 | 2,025 | 211 | 106 | 2 | 0 |
| 2,025 | 2,050 | 215 | 110 | 6 | 0 |
| 2,050 | 2,075 | 219 | 114 | 10 | 0 |
| 2,075 | 2,100 | 223 | 118 | 14 | 0 |
| 2,100 | 2,125 | 226 | 122 | 18 | 0 |
| 2,125 | 2,150 | 230 | 126 | 22 | 0 |
| 2,150 | 2,175 | 234 | 130 | 25 | 0 |
| 2,175 | 2,200 | 238 | 134 | 29 | 0 |
| 2,200 | 2,225 | 242 | 138 | 33 | 0 |
| 2,225 | 2,250 | 246 | 142 | 37 | 0 |
| 2,250 | 2,275 | 250 | 146 | 41 | 0 |
| 2,275 | 2,300 | 254 | 149 | 45 | 0 |
| 2,300 | 2,325 | 258 | 153 | 49 | 0 |

| If total income in item 4, page 1, is— | | And the number of exemptions claimed in item 1, page 1, is— | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| At least | But less than | 1 | 2 | | 3 | | 4 | 5 | 6 | 7 | 8 or more |
| | | | And you are single or a married person filing separately | And you are a married couple filing jointly | And you are single or a married person filing separately | And you are a married couple filing jointly | | | | | |
| | | Your tax is— | | | | | | | | | |
| $2,325 | $2,350 | $262 | $157 | $157 | $53 | $53 | $0 | $0 | $0 | $0 | $0 |
| 2,350 | 2,375 | 266 | 161 | 161 | 57 | 57 | 0 | 0 | 0 | 0 | 0 |
| 2,375 | 2,400 | 269 | 165 | 165 | 61 | 61 | 0 | 0 | 0 | 0 | 0 |
| 2,400 | 2,425 | 273 | 169 | 169 | 65 | 65 | 0 | 0 | 0 | 0 | 0 |
| 2,425 | 2,450 | 277 | 173 | 173 | 69 | 69 | 0 | 0 | 0 | 0 | 0 |
| 2,450 | 2,475 | 281 | 177 | 177 | 72 | 72 | 0 | 0 | 0 | 0 | 0 |
| 2,475 | 2,500 | 285 | 181 | 181 | 76 | 76 | 0 | 0 | 0 | 0 | 0 |
| 2,500 | 2,525 | 289 | 185 | 185 | 80 | 80 | 0 | 0 | 0 | 0 | 0 |
| 2,525 | 2,550 | 293 | 189 | 189 | 84 | 84 | 0 | 0 | 0 | 0 | 0 |
| 2,550 | 2,575 | 297 | 192 | 192 | 88 | 88 | 0 | 0 | 0 | 0 | 0 |
| 2,575 | 2,600 | 301 | 196 | 196 | 92 | 92 | 0 | 0 | 0 | 0 | 0 |
| 2,600 | 2,625 | 305 | 200 | 200 | 96 | 96 | 0 | 0 | 0 | 0 | 0 |
| 2,625 | 2,650 | 309 | 204 | 204 | 100 | 100 | 0 | 0 | 0 | 0 | 0 |
| 2,650 | 2,675 | 313 | 208 | 208 | 104 | 104 | 0 | 0 | 0 | 0 | 0 |
| 2,675 | 2,700 | 316 | 212 | 212 | 108 | 108 | 3 | 0 | 0 | 0 | 0 |
| 2,700 | 2,725 | 320 | 216 | 216 | 112 | 112 | 7 | 0 | 0 | 0 | 0 |
| 2,725 | 2,750 | 324 | 220 | 220 | 115 | 115 | 11 | 0 | 0 | 0 | 0 |
| 2,750 | 2,775 | 328 | 224 | 224 | 119 | 119 | 15 | 0 | 0 | 0 | 0 |
| 2,775 | 2,800 | 332 | 228 | 228 | 123 | 123 | 19 | 0 | 0 | 0 | 0 |
| 2,800 | 2,825 | 336 | 232 | 232 | 127 | 127 | 23 | 0 | 0 | 0 | 0 |
| 2,825 | 2,850 | 340 | 236 | 236 | 131 | 131 | 27 | 0 | 0 | 0 | 0 |
| 2,850 | 2,875 | 344 | 239 | 239 | 135 | 135 | 31 | 0 | 0 | 0 | 0 |
| 2,875 | 2,900 | 348 | 243 | 243 | 139 | 139 | 35 | 0 | 0 | 0 | 0 |
| 2,900 | 2,925 | 352 | 247 | 247 | 143 | 143 | 38 | 0 | 0 | 0 | 0 |
| 2,925 | 2,950 | 357 | 251 | 251 | 147 | 147 | 42 | 0 | 0 | 0 | 0 |
| 2,950 | 2,975 | 361 | 255 | 255 | 151 | 151 | 46 | 0 | 0 | 0 | 0 |
| 2,975 | 3,000 | 366 | 259 | 259 | 155 | 155 | 50 | 0 | 0 | 0 | 0 |
| 3,000 | 3,050 | 373 | 265 | 265 | 161 | 161 | 56 | 0 | 0 | 0 | 0 |
| 3,050 | 3,100 | 382 | 273 | 273 | 168 | 168 | 64 | 0 | 0 | 0 | 0 |
| 3,100 | 3,150 | 391 | 281 | 281 | 176 | 176 | 72 | 0 | 0 | 0 | 0 |
| 3,150 | 3,200 | 400 | 288 | 288 | 184 | 184 | 80 | 0 | 0 | 0 | 0 |
| 3,200 | 3,250 | 409 | 296 | 296 | 192 | 192 | 87 | 0 | 0 | 0 | 0 |
| 3,250 | 3,300 | 418 | 304 | 304 | 200 | 200 | 95 | 0 | 0 | 0 | 0 |
| 3,300 | 3,350 | 427 | 312 | 312 | 207 | 207 | 103 | 0 | 0 | 0 | 0 |
| 3,350 | 3,400 | 436 | 320 | 320 | 215 | 215 | 111 | 7 | 0 | 0 | 0 |
| 3,400 | 3,450 | 445 | 328 | 328 | 223 | 223 | 119 | 14 | 0 | 0 | 0 |
| 3,450 | 3,500 | 454 | 335 | 335 | 231 | 231 | 127 | 22 | 0 | 0 | 0 |
| 3,500 | 3,550 | 463 | 343 | 343 | 239 | 239 | 134 | 30 | 0 | 0 | 0 |
| 3,550 | 3,600 | 472 | 352 | 351 | 247 | 247 | 142 | 38 | 0 | 0 | 0 |
| 3,600 | 3,650 | 481 | 361 | 359 | 254 | 254 | 150 | 46 | 0 | 0 | 0 |
| 3,650 | 3,700 | 490 | 370 | 367 | 262 | 262 | 158 | 54 | 0 | 0 | 0 |
| 3,700 | 3,750 | 499 | 379 | 375 | 270 | 270 | 166 | 61 | 0 | 0 | 0 |
| 3,750 | 3,800 | 508 | 388 | 382 | 278 | 278 | 174 | 69 | 0 | 0 | 0 |
| 3,800 | 3,850 | 517 | 397 | 390 | 286 | 286 | 181 | 77 | 0 | 0 | 0 |
| 3,850 | 3,900 | 526 | 406 | 398 | 294 | 294 | 189 | 85 | 0 | 0 | 0 |
| 3,900 | 3,950 | 535 | 415 | 406 | 301 | 301 | 197 | 93 | 0 | 0 | 0 |
| 3,950 | 4,000 | 544 | 424 | 414 | 309 | 309 | 205 | 100 | 0 | 0 | 0 |
| 4,000 | 4,050 | 553 | 433 | 422 | 317 | 317 | 213 | 108 | 4 | 0 | 0 |
| 4,050 | 4,100 | 562 | 442 | 429 | 325 | 325 | 221 | 116 | 12 | 0 | 0 |
| 4,100 | 4,150 | 571 | 451 | 437 | 333 | 333 | 228 | 124 | 20 | 0 | 0 |
| 4,150 | 4,200 | 580 | 460 | 445 | 341 | 341 | 236 | 132 | 27 | 0 | 0 |
| 4,200 | 4,250 | 589 | 469 | 453 | 349 | 348 | 244 | 140 | 35 | 0 | 0 |
| 4,250 | 4,300 | 598 | 478 | 461 | 358 | 356 | 252 | 147 | 43 | 0 | 0 |
| 4,300 | 4,350 | 607 | 487 | 468 | 367 | 364 | 260 | 155 | 51 | 0 | 0 |
| 4,350 | 4,400 | 616 | 496 | 476 | 376 | 372 | 268 | 163 | 59 | 0 | 0 |
| 4,400 | 4,450 | 625 | 505 | 484 | 385 | 380 | 275 | 171 | 67 | 0 | 0 |
| 4,450 | 4,500 | 634 | 514 | 492 | 394 | 388 | 283 | 179 | 74 | 0 | 0 |
| 4,500 | 4,550 | 643 | 523 | 500 | 403 | 395 | 291 | 187 | 82 | 0 | 0 |
| 4,550 | 4,600 | 652 | 532 | 508 | 412 | 403 | 299 | 194 | 90 | 0 | 0 |
| 4,600 | 4,650 | 661 | 541 | 515 | 421 | 411 | 307 | 202 | 98 | 0 | 0 |
| 4,650 | 4,700 | 670 | 550 | 523 | 430 | 419 | 315 | 210 | 106 | 1 | 0 |
| 4,700 | 4,750 | 679 | 559 | 531 | 439 | 427 | 322 | 218 | 114 | 9 | 0 |
| 4,750 | 4,800 | 688 | 568 | 539 | 448 | 435 | 330 | 226 | 121 | 17 | 0 |
| 4,800 | 4,850 | 697 | 577 | 547 | 457 | 442 | 338 | 234 | 129 | 25 | 0 |
| 4,850 | 4,900 | 706 | 586 | 555 | 466 | 450 | 346 | 241 | 137 | 33 | 0 |
| 4,900 | 4,950 | 715 | 595 | 562 | 475 | 458 | 354 | 249 | 145 | 40 | 0 |
| 4,950 | 5,000 | 724 | 604 | 570 | 484 | 466 | 361 | 257 | 153 | 48 | 0 |

☆ U. S. GOVERNMENT PRINTING OFFICE 16—62581-1

"Amended"

**FORM 1040**
**U.S. Treasury Department**
**Internal Revenue Service**

# U. S. INDIVIDUAL INCOME TAX RETURN

# 1950
CALENDAR YEAR

For other taxable years ending after Sept. 30, 1950, but before Dec. 31, 1951, attach Form 1040FY

**EMPLOYEES: Instead of this form, you may use Form 1040A if your total income was less than $5,000, consisting wholly of wages shown on Forms W-2, or of such wages and not more than $100 of other wages, dividends, and interest.**

Do not write in these spaces
Serial No.
(Cashier's Stamp)

Name BRINER, DAVID FRANCIS
(PLEASE PRINT. If this is a joint return of husband and wife, use first names of both)

HOME ADDRESS U.S. Naval Government Unit, Samoa
(PLEASE PRINT. Street and number or rural route)

Pago Pago, Tutuila, American Samoa
(City, town, or post office) (Postal zone number) (State)

Social Security No. — — — — — Occupation U. S. Navy

**Your exemptions**

**1. List your own name.**
**If married and your wife (or husband) had no income, or if this is a joint return of husband and wife, list name of your wife (or husband).**

**List names of other close relatives (as defined in Instructions) with 1950 gross incomes of less than $500 who received more than one-half of their support from you in 1950. If this is a joint return of husband and wife, list dependent relatives of both.**

| Name (please print) | Check below whether you (or your wife) were at the end of your taxable year— 65 OR OVER | BLIND | On lines a and b below— Write 1 if neither 65 nor blind; Write 2 if either 65 or blind; Write 3 if both 65 and blind. |
|---|---|---|---|
| Your name David Francis Briner | Yes ☐ No ☒ | Yes ☐ No ☒ | a. Number of exemptions for you 1 |
| Wife's (or husband's) name | Yes ☐ No ☐ | Yes ☐ No ☐ | b. Number of her (his) exemptions 0 |

| Name of Other Dependent Relative | Relationship | Address—If different from yours |
|---|---|---|
| None | None | None |
| | | |
| | | |
| | | |
| | | |

Enter here total number of exemptions claimed (yours and your wife's plus one for each dependent listed above)→ ☐

**Your income**

**2. Enter your total wages, salaries, bonuses, commissions, and other compensation received in 1950, BEFORE PAY-ROLL DEDUCTIONS for taxes, dues, insurance, bonds, etc. Also enter amount of income tax withheld. Members of Armed Forces and persons claiming traveling or reimbursed expenses, see Instructions.**

| Print Employer's Name | Where Employed (City and State) | Amount of Income Tax Withheld | Total Wages |
|---|---|---|---|
| U.S. Navy | Pago Pago, American Samoa | $ ~~2000~~.00 | $ 2916.00 |
| | | | |
| | | | |
| | | | |
| | Enter totals | $ 0000.00 | $ 2916.00 |

3. If you received dividends, interest, or any other income, give details on page 2 and enter the total here

4. Add income shown in items 2 and 3, and enter the total here $ 2916.00

**How to figure the tax**

**IF YOUR INCOME WAS LESS THAN $5,000.—Use the table on page 4 to find your tax—unless you itemize your deductions. This table allows about 10 percent of your total income for charitable contributions, interest, taxes, medical expenses, etc. If your deductions exceed 10 percent, it will usually be to your advantage to itemize them and compute your tax on page 3.**

**IF INCOME WAS $5,000 OR MORE.—Do not use tax table. Compute tax on page 3. Use standard deduction or itemize deductions, whichever is to your advantage.**

**HUSBAND AND WIFE.—For split-income benefits, file a joint return. If filing separate returns, and one itemizes deductions, both must itemize.**

**Tax due or refund**

5. Enter your tax from table on page 4, or from line 18, page 3 $ 352.00

6. How much have you paid on your 1950 income tax?
(A) By tax withheld (in item 2, above). Attach Original Forms W-2 $ 0000.00
(B) By payments on 1950 Declaration of Estimated Tax 0000.00
Enter total here → 000.00

7. If your tax (item 5) is larger than payments (item 6), enter **BALANCE OF TAX DUE** here $ 352.00
**This balance of tax due must be paid in full with return.**

8. If your payments (item 6) are larger than your tax (item 5), enter the **OVERPAYMENT** here $
**Enter amount of item 8 you want: Refunded to you $____; Credited on your 1951 estimated tax $____**
**Do you owe any prior year Federal tax for which you have been billed?** No-
(Yes or No)

If you filed a return for a prior year, state latest year 1949
Where filed Baltimore, Maryland
To which Collector's office did you pay amount claimed in item 6 (B), above? — — — — — —

County in which you reside Pago Pago, American Samoa
Is your wife (or husband) making a separate return for 1950? — — (Yes or No)
If "Yes," write her (or his) name — — — —

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

(Signature of person, other than taxpayer, preparing this return) (Date)

David F. Briner 11-7-1951
(Signature of taxpayer) (Date)

(Name of firm or employer, if any)

(Signature of taxpayer's wife or husband if this is a joint return) (Date)

To assure any benefits of split-income provisions, husband and wife must include all their income, and BOTH MUST SIGN, even though only one has income.

16—62581-1

**If you use this table, tear off this page and file only pages 1 and 2**

# TAX TABLE FOR CALENDAR YEAR 1950
## FOR PERSONS WITH INCOMES UNDER $5,000 NOT COMPUTING TAX ON PAGE 3

Read down the shaded columns below until you find the line covering the total income you entered in item 4, page 1. Then read across to the column headed by the number corresponding to the number of exemptions claimed in item 1, page 1. Enter the tax you find there in item 5, page 1.

| If total income in item 4, page 1, is— | | And the number of exemptions claimed in item 1, page 1, is— | | | |
|---|---|---|---|---|---|
| At least | But less than | 1 | 2 | 3 | 4 or more |
| | | Your tax is— | | | |
| $0 | $675 | $0 | $0 | $0 | $0 |
| 675 | 700 | 3 | 0 | 0 | 0 |
| 700 | 725 | 7 | 0 | 0 | 0 |
| 725 | 750 | 11 | 0 | 0 | 0 |
| 750 | 775 | 15 | 0 | 0 | 0 |
| 775 | 800 | 19 | 0 | 0 | 0 |
| 800 | 825 | 23 | 0 | 0 | 0 |
| 825 | 850 | 27 | 0 | 0 | 0 |
| 850 | 875 | 31 | 0 | 0 | 0 |
| 875 | 900 | 35 | 0 | 0 | 0 |
| 900 | 925 | 38 | 0 | 0 | 0 |
| 925 | 950 | 42 | 0 | 0 | 0 |
| 950 | 975 | 46 | 0 | 0 | 0 |
| 975 | 1,000 | 50 | 0 | 0 | 0 |
| 1,000 | 1,025 | 54 | 0 | 0 | 0 |
| 1,025 | 1,050 | 58 | 0 | 0 | 0 |
| 1,050 | 1,075 | 62 | 0 | 0 | 0 |
| 1,075 | 1,100 | 66 | 0 | 0 | 0 |
| 1,100 | 1,125 | 70 | 0 | 0 | 0 |
| 1,125 | 1,150 | 74 | 0 | 0 | 0 |
| 1,150 | 1,175 | 78 | 0 | 0 | 0 |
| 1,175 | 1,200 | 82 | 0 | 0 | 0 |
| 1,200 | 1,225 | 85 | 0 | 0 | 0 |
| 1,225 | 1,250 | 89 | 0 | 0 | 0 |
| 1,250 | 1,275 | 93 | 0 | 0 | 0 |
| 1,275 | 1,300 | 97 | 0 | 0 | 0 |
| 1,300 | 1,325 | 101 | 0 | 0 | 0 |
| 1,325 | 1,350 | 105 | 1 | 0 | 0 |
| 1,350 | 1,375 | 109 | 5 | 0 | 0 |
| 1,375 | 1,400 | 113 | 8 | 0 | 0 |
| 1,400 | 1,425 | 117 | 12 | 0 | 0 |
| 1,425 | 1,450 | 121 | 16 | 0 | 0 |
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| 1,475 | 1,500 | 129 | 24 | 0 | 0 |
| 1,500 | 1,525 | 132 | 28 | 0 | 0 |
| 1,525 | 1,550 | 136 | 32 | 0 | 0 |
| 1,550 | 1,575 | 140 | 36 | 0 | 0 |
| 1,575 | 1,600 | 144 | 40 | 0 | 0 |
| 1,600 | 1,625 | 148 | 44 | 0 | 0 |
| 1,625 | 1,650 | 152 | 48 | 0 | 0 |
| 1,650 | 1,675 | 156 | 52 | 0 | 0 |
| 1,675 | 1,700 | 160 | 55 | 0 | 0 |
| 1,700 | 1,725 | 164 | 59 | 0 | 0 |
| 1,725 | 1,750 | 168 | 63 | 0 | 0 |
| 1,750 | 1,775 | 172 | 67 | 0 | 0 |
| 1,775 | 1,800 | 176 | 71 | 0 | 0 |
| 1,800 | 1,825 | 179 | 75 | 0 | 0 |
| 1,825 | 1,850 | 183 | 79 | 0 | 0 |
| 1,850 | 1,875 | 187 | 83 | 0 | 0 |
| 1,875 | 1,900 | 191 | 87 | 0 | 0 |
| 1,900 | 1,925 | 195 | 91 | 0 | 0 |
| 1,925 | 1,950 | 199 | 95 | 0 | 0 |
| 1,950 | 1,975 | 203 | 99 | 0 | 0 |
| 1,975 | 2,000 | 207 | 102 | 0 | 0 |
| 2,000 | 2,025 | 211 | 106 | 2 | 0 |
| 2,025 | 2,050 | 215 | 110 | 6 | 0 |
| 2,050 | 2,075 | 219 | 114 | 10 | 0 |
| 2,075 | 2,100 | 223 | 118 | 14 | 0 |
| 2,100 | 2,125 | 226 | 122 | 18 | 0 |
| 2,125 | 2,150 | 230 | 126 | 22 | 0 |
| 2,150 | 2,175 | 234 | 130 | 25 | 0 |
| 2,175 | 2,200 | 238 | 134 | 29 | 0 |
| 2,200 | 2,225 | 242 | 138 | 33 | 0 |
| 2,225 | 2,250 | 246 | 142 | 37 | 0 |
| 2,250 | 2,275 | 250 | 146 | 41 | 0 |
| 2,275 | 2,300 | 254 | 149 | 45 | 0 |
| 2,300 | 2,325 | 258 | 153 | 49 | 0 |

| If total income in item 4, page 1, is— | | And the number of exemptions claimed in item 1, page 1, is— | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| At least | But less than | 1 | 2 | | 3 | | 4 | 5 | 6 | 7 | 8 or more |
| | | | And you are single or a married person filing separately | And you are a married couple filing jointly | And you are single or a married person filing separately | And you are a married couple filing jointly | | | | | |
| | | Your tax is— | | | | | | | | | |
| $2,325 | $2,350 | $262 | $157 | $157 | $53 | $53 | $0 | $0 | $0 | $0 | $0 |
| 2,350 | 2,375 | 266 | 161 | 161 | 57 | 57 | 0 | 0 | 0 | 0 | 0 |
| 2,375 | 2,400 | 269 | 165 | 165 | 61 | 61 | 0 | 0 | 0 | 0 | 0 |
| 2,400 | 2,425 | 273 | 169 | 169 | 65 | 65 | 0 | 0 | 0 | 0 | 0 |
| 2,425 | 2,450 | 277 | 173 | 173 | 69 | 69 | 0 | 0 | 0 | 0 | 0 |
| 2,450 | 2,475 | 281 | 177 | 177 | 72 | 72 | 0 | 0 | 0 | 0 | 0 |
| 2,475 | 2,500 | 285 | 181 | 181 | 76 | 76 | 0 | 0 | 0 | 0 | 0 |
| 2,500 | 2,525 | 289 | 185 | 185 | 80 | 80 | 0 | 0 | 0 | 0 | 0 |
| 2,525 | 2,550 | 293 | 189 | 189 | 84 | 84 | 0 | 0 | 0 | 0 | 0 |
| 2,550 | 2,575 | 297 | 192 | 192 | 88 | 88 | 0 | 0 | 0 | 0 | 0 |
| 2,575 | 2,600 | 301 | 196 | 196 | 92 | 92 | 0 | 0 | 0 | 0 | 0 |
| 2,600 | 2,625 | 305 | 200 | 200 | 96 | 96 | 0 | 0 | 0 | 0 | 0 |
| 2,625 | 2,650 | 309 | 204 | 204 | 100 | 100 | 0 | 0 | 0 | 0 | 0 |
| 2,650 | 2,675 | 313 | 208 | 208 | 104 | 104 | 0 | 0 | 0 | 0 | 0 |
| 2,675 | 2,700 | 316 | 212 | 212 | 108 | 108 | 3 | 0 | 0 | 0 | 0 |
| 2,700 | 2,725 | 320 | 216 | 216 | 112 | 112 | 7 | 0 | 0 | 0 | 0 |
| 2,725 | 2,750 | 324 | 220 | 220 | 115 | 115 | 11 | 0 | 0 | 0 | 0 |
| 2,750 | 2,775 | 328 | 224 | 224 | 119 | 119 | 15 | 0 | 0 | 0 | 0 |
| 2,775 | 2,800 | 332 | 228 | 228 | 123 | 123 | 19 | 0 | 0 | 0 | 0 |
| 2,800 | 2,825 | 336 | 232 | 232 | 127 | 127 | 23 | 0 | 0 | 0 | 0 |
| 2,825 | 2,850 | 340 | 236 | 236 | 131 | 131 | 27 | 0 | 0 | 0 | 0 |
| 2,850 | 2,875 | 344 | 239 | 239 | 135 | 135 | 31 | 0 | 0 | 0 | 0 |
| 2,875 | 2,900 | 348 | 243 | 243 | 139 | 139 | 35 | 0 | 0 | 0 | 0 |
| 2,900 | 2,925 | 352 | 247 | 247 | 143 | 143 | 38 | 0 | 0 | 0 | 0 |
| 2,925 | 2,950 | 357 | 251 | 251 | 147 | 147 | 42 | 0 | 0 | 0 | 0 |
| 2,950 | 2,975 | 361 | 255 | 255 | 151 | 151 | 46 | 0 | 0 | 0 | 0 |
| 2,975 | 3,000 | 366 | 259 | 259 | 155 | 155 | 50 | 0 | 0 | 0 | 0 |
| 3,000 | 3,050 | 373 | 265 | 265 | 161 | 161 | 56 | 0 | 0 | 0 | 0 |
| 3,050 | 3,100 | 382 | 273 | 273 | 168 | 168 | 64 | 0 | 0 | 0 | 0 |
| 3,100 | 3,150 | 391 | 281 | 281 | 176 | 176 | 72 | 0 | 0 | 0 | 0 |
| 3,150 | 3,200 | 400 | 288 | 288 | 184 | 184 | 80 | 0 | 0 | 0 | 0 |
| 3,200 | 3,250 | 409 | 296 | 296 | 192 | 192 | 87 | 0 | 0 | 0 | 0 |
| 3,250 | 3,300 | 418 | 304 | 304 | 200 | 200 | 95 | 0 | 0 | 0 | 0 |
| 3,300 | 3,350 | 427 | 312 | 312 | 207 | 207 | 103 | 0 | 0 | 0 | 0 |
| 3,350 | 3,400 | 436 | 320 | 320 | 215 | 215 | 111 | 7 | 0 | 0 | 0 |
| 3,400 | 3,450 | 445 | 328 | 328 | 223 | 223 | 119 | 14 | 0 | 0 | 0 |
| 3,450 | 3,500 | 454 | 335 | 335 | 231 | 231 | 127 | 22 | 0 | 0 | 0 |
| 3,500 | 3,550 | 463 | 343 | 343 | 239 | 239 | 134 | 30 | 0 | 0 | 0 |
| 3,550 | 3,600 | 472 | 352 | 351 | 247 | 247 | 142 | 38 | 0 | 0 | 0 |
| 3,600 | 3,650 | 481 | 361 | 359 | 254 | 254 | 150 | 46 | 0 | 0 | 0 |
| 3,650 | 3,700 | 490 | 370 | 367 | 262 | 262 | 158 | 54 | 0 | 0 | 0 |
| 3,700 | 3,750 | 499 | 379 | 375 | 270 | 270 | 166 | 61 | 0 | 0 | 0 |
| 3,750 | 3,800 | 508 | 388 | 382 | 278 | 278 | 174 | 69 | 0 | 0 | 0 |
| 3,800 | 3,850 | 517 | 397 | 390 | 286 | 286 | 181 | 77 | 0 | 0 | 0 |
| 3,850 | 3,900 | 526 | 406 | 398 | 294 | 294 | 189 | 85 | 0 | 0 | 0 |
| 3,900 | 3,950 | 535 | 415 | 406 | 301 | 301 | 197 | 93 | 0 | 0 | 0 |
| 3,950 | 4,000 | 544 | 424 | 414 | 309 | 309 | 205 | 100 | 0 | 0 | 0 |
| 4,000 | 4,050 | 553 | 433 | 422 | 317 | 317 | 213 | 108 | 4 | 0 | 0 |
| 4,050 | 4,100 | 562 | 442 | 429 | 325 | 325 | 221 | 116 | 12 | 0 | 0 |
| 4,100 | 4,150 | 571 | 451 | 437 | 333 | 333 | 228 | 124 | 20 | 0 | 0 |
| 4,150 | 4,200 | 580 | 460 | 445 | 341 | 341 | 236 | 132 | 27 | 0 | 0 |
| 4,200 | 4,250 | 589 | 469 | 453 | 349 | 348 | 244 | 140 | 35 | 0 | 0 |
| 4,250 | 4,300 | 598 | 478 | 461 | 358 | 356 | 252 | 147 | 43 | 0 | 0 |
| 4,300 | 4,350 | 607 | 487 | 468 | 367 | 364 | 260 | 155 | 51 | 0 | 0 |
| 4,350 | 4,400 | 616 | 496 | 476 | 376 | 372 | 268 | 163 | 59 | 0 | 0 |
| 4,400 | 4,450 | 625 | 505 | 484 | 385 | 380 | 275 | 171 | 67 | 0 | 0 |
| 4,450 | 4,500 | 634 | 514 | 492 | 394 | 388 | 283 | 179 | 74 | 0 | 0 |
| 4,500 | 4,550 | 643 | 523 | 500 | 403 | 395 | 291 | 187 | 82 | 0 | 0 |
| 4,550 | 4,600 | 652 | 532 | 508 | 412 | 403 | 299 | 194 | 90 | 0 | 0 |
| 4,600 | 4,650 | 661 | 541 | 515 | 421 | 411 | 307 | 202 | 98 | 0 | 0 |
| 4,650 | 4,700 | 670 | 550 | 523 | 430 | 419 | 315 | 210 | 106 | 1 | 0 |
| 4,700 | 4,750 | 679 | 559 | 531 | 439 | 427 | 322 | 218 | 114 | 9 | 0 |
| 4,750 | 4,800 | 688 | 568 | 539 | 448 | 435 | 330 | 226 | 121 | 17 | 0 |
| 4,800 | 4,850 | 697 | 577 | 547 | 457 | 442 | 338 | 234 | 129 | 25 | 0 |
| 4,850 | 4,900 | 706 | 586 | 555 | 466 | 450 | 346 | 241 | 137 | 33 | 0 |
| 4,900 | 4,950 | 715 | 595 | 562 | 475 | 458 | 354 | 249 | 145 | 40 | 0 |
| 4,950 | 5,000 | 724 | 604 | 570 | 484 | 466 | 361 | 257 | 153 | 48 | 0 |

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If you use this table, tear off this page and file only pages 1 and 2

# TAX TABLE FOR CALENDAR YEAR 1950
## FOR PERSONS WITH INCOMES UNDER $5,000 NOT COMPUTING TAX ON PAGE 3

Read down the shaded columns below until you find the line covering the total income you entered in item 4, page 1. Then read across to the column headed by the number corresponding to the number of exemptions claimed in item 1, page 1. Enter the tax you find there in item 5, page 1.

| If total income in item 4, page 1, is— | | And the number of exemptions claimed in item 1, page 1, is— | | | |
|---|---|---|---|---|---|
| At least | But less than | 1 | 2 | 3 | 4 or more |
| | | Your tax is— | | | |
| $0 | $675 | $0 | $0 | $0 | $0 |
| 675 | 700 | 3 | 0 | 0 | 0 |
| 700 | 725 | 7 | 0 | 0 | 0 |
| 725 | 750 | 11 | 0 | 0 | 0 |
| 750 | 775 | 15 | 0 | 0 | 0 |
| 775 | 800 | 19 | 0 | 0 | 0 |
| 800 | 825 | 23 | 0 | 0 | 0 |
| 825 | 850 | 27 | 0 | 0 | 0 |
| 850 | 875 | 31 | 0 | 0 | 0 |
| 875 | 900 | 35 | 0 | 0 | 0 |
| 900 | 925 | 38 | 0 | 0 | 0 |
| 925 | 950 | 42 | 0 | 0 | 0 |
| 950 | 975 | 46 | 0 | 0 | 0 |
| 975 | 1,000 | 50 | 0 | 0 | 0 |
| 1,000 | 1,025 | 54 | 0 | 0 | 0 |
| 1,025 | 1,050 | 58 | 0 | 0 | 0 |
| 1,050 | 1,075 | 62 | 0 | 0 | 0 |
| 1,075 | 1,100 | 66 | 0 | 0 | 0 |
| 1,100 | 1,125 | 70 | 0 | 0 | 0 |
| 1,125 | 1,150 | 74 | 0 | 0 | 0 |
| 1,150 | 1,175 | 78 | 0 | 0 | 0 |
| 1,175 | 1,200 | 82 | 0 | 0 | 0 |
| 1,200 | 1,225 | 85 | 0 | 0 | 0 |
| 1,225 | 1,250 | 89 | 0 | 0 | 0 |
| 1,250 | 1,275 | 93 | 0 | 0 | 0 |
| 1,275 | 1,300 | 97 | 0 | 0 | 0 |
| 1,300 | 1,325 | 101 | 0 | 0 | 0 |
| 1,325 | 1,350 | 105 | 1 | 0 | 0 |
| 1,350 | 1,375 | 109 | 5 | 0 | 0 |
| 1,375 | 1,400 | 113 | 8 | 0 | 0 |
| 1,400 | 1,425 | 117 | 12 | 0 | 0 |
| 1,425 | 1,450 | 121 | 16 | 0 | 0 |
| 1,450 | 1,475 | 125 | 20 | 0 | 0 |
| 1,475 | 1,500 | 129 | 24 | 0 | 0 |
| 1,500 | 1,525 | 132 | 28 | 0 | 0 |
| 1,525 | 1,550 | 136 | 32 | 0 | 0 |
| 1,550 | 1,575 | 140 | 36 | 0 | 0 |
| 1,575 | 1,600 | 144 | 40 | 0 | 0 |
| 1,600 | 1,625 | 148 | 44 | 0 | 0 |
| 1,625 | 1,650 | 152 | 48 | 0 | 0 |
| 1,650 | 1,675 | 156 | 52 | 0 | 0 |
| 1,675 | 1,700 | 160 | 55 | 0 | 0 |
| 1,700 | 1,725 | 164 | 59 | 0 | 0 |
| 1,725 | 1,750 | 168 | 63 | 0 | 0 |
| 1,750 | 1,775 | 172 | 67 | 0 | 0 |
| 1,775 | 1,800 | 176 | 71 | 0 | 0 |
| 1,800 | 1,825 | 179 | 75 | 0 | 0 |
| 1,825 | 1,850 | 183 | 79 | 0 | 0 |
| 1,850 | 1,875 | 187 | 83 | 0 | 0 |
| 1,875 | 1,900 | 191 | 87 | 0 | 0 |
| 1,900 | 1,925 | 195 | 91 | 0 | 0 |
| 1,925 | 1,950 | 199 | 95 | 0 | 0 |
| 1,950 | 1,975 | 203 | 99 | 0 | 0 |
| 1,975 | 2,000 | 207 | 102 | 0 | 0 |
| 2,000 | 2,025 | 211 | 106 | 2 | 0 |
| 2,025 | 2,050 | 215 | 110 | 6 | 0 |
| 2,050 | 2,075 | 219 | 114 | 10 | 0 |
| 2,075 | 2,100 | 223 | 118 | 14 | 0 |
| 2,100 | 2,125 | 226 | 122 | 18 | 0 |
| 2,125 | 2,150 | 230 | 126 | 22 | 0 |
| 2,150 | 2,175 | 234 | 130 | 25 | 0 |
| 2,175 | 2,200 | 238 | 134 | 29 | 0 |
| 2,200 | 2,225 | 242 | 138 | 33 | 0 |
| 2,225 | 2,250 | 246 | 142 | 37 | 0 |
| 2,250 | 2,275 | 250 | 146 | 41 | 0 |
| 2,275 | 2,300 | 254 | 149 | 45 | 0 |
| 2,300 | 2,325 | 258 | 153 | 49 | 0 |

| If total income in item 4, page 1, is— | | And the number of exemptions claimed in item 1, page 1, is— | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 2 | | 3 | | | | | | |
| At least | But less than | 1 | And you are single or a married person filing separately | And you are a married couple filing jointly | And you are single or a married person filing separately | And you are a married couple filing jointly | 4 | 5 | 6 | 7 | 8 or more |
| | | Your tax is— | | | | | | | | | |
| $2,325 | $2,350 | $262 | $157 | $157 | $53 | $53 | $0 | $0 | $0 | $0 | $0 |
| 2,350 | 2,375 | 266 | 161 | 161 | 57 | 57 | 0 | 0 | 0 | 0 | 0 |
| 2,375 | 2,400 | 269 | 165 | 165 | 61 | 61 | 0 | 0 | 0 | 0 | 0 |
| 2,400 | 2,425 | 273 | 169 | 169 | 65 | 65 | 0 | 0 | 0 | 0 | 0 |
| 2,425 | 2,450 | 277 | 173 | 173 | 69 | 69 | 0 | 0 | 0 | 0 | 0 |
| 2,450 | 2,475 | 281 | 177 | 177 | 72 | 72 | 0 | 0 | 0 | 0 | 0 |
| 2,475 | 2,500 | 285 | 181 | 181 | 76 | 76 | 0 | 0 | 0 | 0 | 0 |
| 2,500 | 2,525 | 289 | 185 | 185 | 80 | 80 | 0 | 0 | 0 | 0 | 0 |
| 2,525 | 2,550 | 293 | 189 | 189 | 84 | 84 | 0 | 0 | 0 | 0 | 0 |
| 2,550 | 2,575 | 297 | 192 | 192 | 88 | 88 | 0 | 0 | 0 | 0 | 0 |
| 2,575 | 2,600 | 301 | 196 | 196 | 92 | 92 | 0 | 0 | 0 | 0 | 0 |
| 2,600 | 2,625 | 305 | 200 | 200 | 96 | 96 | 0 | 0 | 0 | 0 | 0 |
| 2,625 | 2,650 | 309 | 204 | 204 | 100 | 100 | 0 | 0 | 0 | 0 | 0 |
| 2,650 | 2,675 | 313 | 208 | 208 | 104 | 104 | 0 | 0 | 0 | 0 | 0 |
| 2,675 | 2,700 | 316 | 212 | 212 | 108 | 108 | 3 | 0 | 0 | 0 | 0 |
| 2,700 | 2,725 | 320 | 216 | 216 | 112 | 112 | 7 | 0 | 0 | 0 | 0 |
| 2,725 | 2,750 | 324 | 220 | 220 | 115 | 115 | 11 | 0 | 0 | 0 | 0 |
| 2,750 | 2,775 | 328 | 224 | 224 | 119 | 119 | 15 | 0 | 0 | 0 | 0 |
| 2,775 | 2,800 | 332 | 228 | 228 | 123 | 123 | 19 | 0 | 0 | 0 | 0 |
| 2,800 | 2,825 | 336 | 232 | 232 | 127 | 127 | 23 | 0 | 0 | 0 | 0 |
| 2,825 | 2,850 | 340 | 236 | 236 | 131 | 131 | 27 | 0 | 0 | 0 | 0 |
| 2,850 | 2,875 | 344 | 239 | 239 | 135 | 135 | 31 | 0 | 0 | 0 | 0 |
| 2,875 | 2,900 | 348 | 243 | 243 | 139 | 139 | 35 | 0 | 0 | 0 | 0 |
| 2,900 | 2,925 | 352 | 247 | 247 | 143 | 143 | 38 | 0 | 0 | 0 | 0 |
| 2,925 | 2,950 | 357 | 251 | 251 | 147 | 147 | 42 | 0 | 0 | 0 | 0 |
| 2,950 | 2,975 | 361 | 255 | 255 | 151 | 151 | 46 | 0 | 0 | 0 | 0 |
| 2,975 | 3,000 | 366 | 259 | 259 | 155 | 155 | 50 | 0 | 0 | 0 | 0 |
| 3,000 | 3,050 | 373 | 265 | 265 | 161 | 161 | 56 | 0 | 0 | 0 | 0 |
| 3,050 | 3,100 | 382 | 273 | 273 | 168 | 168 | 64 | 0 | 0 | 0 | 0 |
| 3,100 | 3,150 | 391 | 281 | 281 | 176 | 176 | 72 | 0 | 0 | 0 | 0 |
| 3,150 | 3,200 | 400 | 288 | 288 | 184 | 184 | 80 | 0 | 0 | 0 | 0 |
| 3,200 | 3,250 | 409 | 296 | 296 | 192 | 192 | 87 | 0 | 0 | 0 | 0 |
| 3,250 | 3,300 | 418 | 304 | 304 | 200 | 200 | 95 | 0 | 0 | 0 | 0 |
| 3,300 | 3,350 | 427 | 312 | 312 | 207 | 207 | 103 | 0 | 0 | 0 | 0 |
| 3,350 | 3,400 | 436 | 320 | 320 | 215 | 215 | 111 | 7 | 0 | 0 | 0 |
| 3,400 | 3,450 | 445 | 328 | 328 | 223 | 223 | 119 | 14 | 0 | 0 | 0 |
| 3,450 | 3,500 | 454 | 335 | 335 | 231 | 231 | 127 | 22 | 0 | 0 | 0 |
| 3,500 | 3,550 | 463 | 343 | 343 | 239 | 239 | 134 | 30 | 0 | 0 | 0 |
| 3,550 | 3,600 | 472 | 352 | 351 | 247 | 247 | 142 | 38 | 0 | 0 | 0 |
| 3,600 | 3,650 | 481 | 361 | 359 | 254 | 254 | 150 | 46 | 0 | 0 | 0 |
| 3,650 | 3,700 | 490 | 370 | 367 | 262 | 262 | 158 | 54 | 0 | 0 | 0 |
| 3,700 | 3,750 | 499 | 379 | 375 | 270 | 270 | 166 | 61 | 0 | 0 | 0 |
| 3,750 | 3,800 | 508 | 388 | 382 | 278 | 278 | 174 | 69 | 0 | 0 | 0 |
| 3,800 | 3,850 | 517 | 397 | 390 | 286 | 286 | 181 | 77 | 0 | 0 | 0 |
| 3,850 | 3,900 | 526 | 406 | 398 | 294 | 294 | 189 | 85 | 0 | 0 | 0 |
| 3,900 | 3,950 | 535 | 415 | 406 | 301 | 301 | 197 | 93 | 0 | 0 | 0 |
| 3,950 | 4,000 | 544 | 424 | 414 | 309 | 309 | 205 | 100 | 0 | 0 | 0 |
| 4,000 | 4,050 | 553 | 433 | 422 | 317 | 317 | 213 | 108 | 4 | 0 | 0 |
| 4,050 | 4,100 | 562 | 442 | 429 | 325 | 325 | 221 | 116 | 12 | 0 | 0 |
| 4,100 | 4,150 | 571 | 451 | 437 | 333 | 333 | 228 | 124 | 20 | 0 | 0 |
| 4,150 | 4,200 | 580 | 460 | 445 | 341 | 341 | 236 | 132 | 27 | 0 | 0 |
| 4,200 | 4,250 | 589 | 469 | 453 | 349 | 348 | 244 | 140 | 35 | 0 | 0 |
| 4,250 | 4,300 | 598 | 478 | 461 | 358 | 356 | 252 | 147 | 43 | 0 | 0 |
| 4,300 | 4,350 | 607 | 487 | 468 | 367 | 364 | 260 | 155 | 51 | 0 | 0 |
| 4,350 | 4,400 | 616 | 496 | 476 | 376 | 372 | 268 | 163 | 59 | 0 | 0 |
| 4,400 | 4,450 | 625 | 505 | 484 | 385 | 380 | 275 | 171 | 67 | 0 | 0 |
| 4,450 | 4,500 | 634 | 514 | 492 | 394 | 388 | 283 | 179 | 74 | 0 | 0 |
| 4,500 | 4,550 | 643 | 523 | 500 | 403 | 395 | 291 | 187 | 82 | 0 | 0 |
| 4,550 | 4,600 | 652 | 532 | 508 | 412 | 403 | 299 | 194 | 90 | 0 | 0 |
| 4,600 | 4,650 | 661 | 541 | 515 | 421 | 411 | 307 | 202 | 98 | 0 | 0 |
| 4,650 | 4,700 | 670 | 550 | 523 | 430 | 419 | 315 | 210 | 106 | 1 | 0 |
| 4,700 | 4,750 | 679 | 559 | 531 | 439 | 427 | 322 | 218 | 114 | 9 | 0 |
| 4,750 | 4,800 | 688 | 568 | 539 | 448 | 435 | 330 | 226 | 121 | 17 | 0 |
| 4,800 | 4,850 | 697 | 577 | 547 | 457 | 442 | 338 | 234 | 129 | 25 | 0 |
| 4,850 | 4,900 | 706 | 586 | 555 | 466 | 450 | 346 | 241 | 137 | 33 | 0 |
| 4,900 | 4,950 | 715 | 595 | 562 | 475 | 458 | 354 | 249 | 145 | 40 | 0 |
| 4,950 | 5,000 | 724 | 604 | 570 | 484 | 466 | 361 | 257 | 153 | 48 | 0 |

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"Amended"

**FORM 1040**
**U. S. Treasury Department**
**Internal Revenue Service**

# U. S. INDIVIDUAL INCOME TAX RETURN

**1950**
**CALENDAR YEAR**

For other taxable years ending after Sept. 30, 1950, but before Dec. 31, 1951, attach Form 1040FY

EMPLOYEES: Instead of this form, you may use Form 1040A if your total income was less than $5,000, consisting wholly of wages shown on Forms W-2, or of such wages and not more than $100 of other wages, dividends, and interest.

Do not write in these spaces
Serial No.
(Cashier's Stamp)

Name BRINER, DAVID FRANCIS
(PLEASE PRINT. If this is a joint return of husband and wife, use first names of both)

HOME ADDRESS U.S. Naval Government Unit, Samoa
(PLEASE PRINT. Street and number or rural route)

Pago Pago, Tutuila, American Samoa
(City, town, or post office) (Postal zone number) (State)

Social Security No. — — — — Occupation U. S. Navy

**Your exemptions**

1. List your own name. If married and your wife (or husband) had no income, or if this is a joint return of husband and wife, list name of your wife (or husband).

List names of other close relatives (as defined in Instructions) with 1950 gross incomes of less than $500 who received more than one-half of their support from you in 1950. If this is a joint return of husband and wife, list dependent relatives of both.

| Name (please print) | Check below whether you (or your wife) were at the end of your taxable year— 65 OR OVER | BLIND | On lines a and b below— Write 1 if neither 65 nor blind; Write 2 if either 65 or blind; Write 3 if both 65 and blind. |
|---|---|---|---|
| Your name David Francis Briner | Yes ☐ No ☒ | Yes ☐ No ☒ | a. Number of exemptions for you 1 |
| Wife's (or husband's) name | Yes ☐ No ☐ | Yes ☐ No ☐ | b. Number of her (his) exemptions 0 |

| Name of Other Dependent Relative | Relationship | Address—If different from yours |
|---|---|---|
| None | None | None |

Enter here total number of exemptions claimed (yours and your wife's plus one for each dependent listed above)→ ☐

**Your income**

2. Enter your total wages, salaries, bonuses, commissions, and other compensation received in 1950, BEFORE PAY-ROLL DEDUCTIONS for taxes, dues, insurance, bonds, etc. Also enter amount of income tax withheld. Members of Armed Forces and persons claiming traveling or reimbursed expenses, see Instructions.

| Print Employer's Name | Where Employed (City and State) | Amount of Income Tax Withheld | Total Wages |
|---|---|---|---|
| U.S. Navy | Pago Pago, American Samoa | $ ~~2400~~.00 | $ 2916.00 |
| | Enter totals | $ 0000.00 | $ 2916.00 |

3. If you received dividends, interest, or any other income, give details on page 2 and enter the total here

4. Add income shown in items 2 and 3, and enter the total here $ 2916.00

**How to figure the tax**

IF YOUR INCOME WAS LESS THAN $5,000.—Use the table on page 4 to find your tax—unless you itemize your deductions. This table allows about 10 percent of your total income for charitable contributions, interest, taxes, medical expenses, etc. If your deductions exceed 10 percent, it will usually be to your advantage to itemize them and compute your tax on page 3.

IF INCOME WAS $5,000 OR MORE.—Do not use tax table. Compute tax on page 3. Use standard deduction or itemize deductions, whichever is to your advantage.

HUSBAND AND WIFE.—For split-income benefits, file a joint return. If filing separate returns, and one itemizes deductions, both must itemize.

**Tax due or refund**

5. Enter your tax from table on page 4, or from line 18, page 3 $ 352.00
6. How much have you paid on your 1950 income tax?
   - (A) By tax withheld (in item 2, above). Attach Original Forms W-2 $ 0000.00
   - (B) By payments on 1950 Declaration of Estimated Tax 0000.00
   - Enter total here → 000.00
7. If your tax (item 5) is larger than payments (item 6), enter BALANCE OF TAX DUE here $ 352.00
   This balance of tax due must be paid in full with return.
8. If your payments (item 6) are larger than your tax (item 5), enter the OVERPAYMENT here $
   Enter amount of item 8 you want: Refunded to you $; Credited on your 1951 estimated tax $
   Do you owe any prior year Federal tax for which you have been billed? No - ~~[illegible]~~
   (Yes or No)

If you filed a return for a prior year, state latest year 1949
Where filed Baltimore, Maryland
To which Collector's office did you pay amount claimed in item 6 (B), above? — — — — —

County in which you reside Pago Pago, American Samoa
Is your wife (or husband) making a separate return for 1950? — — (Yes or No)
If "Yes," write her (or his) name — — — —

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

(Signature of person, other than taxpayer, preparing this return) (Date)

David F. Briner 11-7-1951
(Signature of taxpayer) (Date)

(Name of firm or employer, if any)

(Signature of taxpayer's wife or husband if this is a joint return) (Date)

➧ To assure any benefits of split-income provisions, husband and wife must include all their income, and BOTH MUST SIGN, even though only one has income.

16—62581-1

**If you use this table, tear off this page and file only pages 1 and 2**

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# TAX TABLE FOR CALENDAR YEAR 1950

## FOR PERSONS WITH INCOMES UNDER $5,000 NOT COMPUTING TAX ON PAGE 3

Read down the shaded columns below until you find the line covering the total income you entered in item 4, page 1. Then read across to the column headed by the number corresponding to the number of exemptions claimed in item 1, page 1. Enter the tax you find there in item 5, page 1.

| If total income in item 4, page 1, is— | | And the number of exemptions claimed in item 1, page 1, is— | | | |
|---|---|---|---|---|---|
| At least | But less than | 1 | 2 | 3 | 4 or more |
| | | Your tax is— | | | |
| $0 | $675 | $0 | $0 | $0 | $0 |
| 675 | 700 | 3 | 0 | 0 | 0 |
| 700 | 725 | 7 | 0 | 0 | 0 |
| 725 | 750 | 11 | 0 | 0 | 0 |
| 750 | 775 | 15 | 0 | 0 | 0 |
| 775 | 800 | 19 | 0 | 0 | 0 |
| 800 | 825 | 23 | 0 | 0 | 0 |
| 825 | 850 | 27 | 0 | 0 | 0 |
| 850 | 875 | 31 | 0 | 0 | 0 |
| 875 | 900 | 35 | 0 | 0 | 0 |
| 900 | 925 | 38 | 0 | 0 | 0 |
| 925 | 950 | 42 | 0 | 0 | 0 |
| 950 | 975 | 46 | 0 | 0 | 0 |
| 975 | 1,000 | 50 | 0 | 0 | 0 |
| 1,000 | 1,025 | 54 | 0 | 0 | 0 |
| 1,025 | 1,050 | 58 | 0 | 0 | 0 |
| 1,050 | 1,075 | 62 | 0 | 0 | 0 |
| 1,075 | 1,100 | 66 | 0 | 0 | 0 |
| 1,100 | 1,125 | 70 | 0 | 0 | 0 |
| 1,125 | 1,150 | 74 | 0 | 0 | 0 |
| 1,150 | 1,175 | 78 | 0 | 0 | 0 |
| 1,175 | 1,200 | 82 | 0 | 0 | 0 |
| 1,200 | 1,225 | 85 | 0 | 0 | 0 |
| 1,225 | 1,250 | 89 | 0 | 0 | 0 |
| 1,250 | 1,275 | 93 | 0 | 0 | 0 |
| 1,275 | 1,300 | 97 | 0 | 0 | 0 |
| 1,300 | 1,325 | 101 | 0 | 0 | 0 |
| 1,325 | 1,350 | 105 | 1 | 0 | 0 |
| 1,350 | 1,375 | 109 | 5 | 0 | 0 |
| 1,375 | 1,400 | 113 | 8 | 0 | 0 |
| 1,400 | 1,425 | 117 | 12 | 0 | 0 |
| 1,425 | 1,450 | 121 | 16 | 0 | 0 |
| 1,450 | 1,475 | 125 | 20 | 0 | 0 |
| 1,475 | 1,500 | 129 | 24 | 0 | 0 |
| 1,500 | 1,525 | 132 | 28 | 0 | 0 |
| 1,525 | 1,550 | 136 | 32 | 0 | 0 |
| 1,550 | 1,575 | 140 | 36 | 0 | 0 |
| 1,575 | 1,600 | 144 | 40 | 0 | 0 |
| 1,600 | 1,625 | 148 | 44 | 0 | 0 |
| 1,625 | 1,650 | 152 | 48 | 0 | 0 |
| 1,650 | 1,675 | 156 | 52 | 0 | 0 |
| 1,675 | 1,700 | 160 | 55 | 0 | 0 |
| 1,700 | 1,725 | 164 | 59 | 0 | 0 |
| 1,725 | 1,750 | 168 | 63 | 0 | 0 |
| 1,750 | 1,775 | 172 | 67 | 0 | 0 |
| 1,775 | 1,800 | 176 | 71 | 0 | 0 |
| 1,800 | 1,825 | 179 | 75 | 0 | 0 |
| 1,825 | 1,850 | 183 | 79 | 0 | 0 |
| 1,850 | 1,875 | 187 | 83 | 0 | 0 |
| 1,875 | 1,900 | 191 | 87 | 0 | 0 |
| 1,900 | 1,925 | 195 | 91 | 0 | 0 |
| 1,925 | 1,950 | 199 | 95 | 0 | 0 |
| 1,950 | 1,975 | 203 | 99 | 0 | 0 |
| 1,975 | 2,000 | 207 | 102 | 0 | 0 |
| 2,000 | 2,025 | 211 | 106 | 2 | 0 |
| 2,025 | 2,050 | 215 | 110 | 6 | 0 |
| 2,050 | 2,075 | 219 | 114 | 10 | 0 |
| 2,075 | 2,100 | 223 | 118 | 14 | 0 |
| 2,100 | 2,125 | 226 | 122 | 18 | 0 |
| 2,125 | 2,150 | 230 | 126 | 22 | 0 |
| 2,150 | 2,175 | 234 | 130 | 25 | 0 |
| 2,175 | 2,200 | 238 | 134 | 29 | 0 |
| 2,200 | 2,225 | 242 | 138 | 33 | 0 |
| 2,225 | 2,250 | 246 | 142 | 37 | 0 |
| 2,250 | 2,275 | 250 | 146 | 41 | 0 |
| 2,275 | 2,300 | 254 | 149 | 45 | 0 |
| 2,300 | 2,325 | 258 | 153 | 49 | 0 |

| If total income in item 4, page 1, is— | | And the number of exemptions claimed in item 1, page 1, is— | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 2 | | 3 | | | | | | |
| At least | But less than | 1 | And you are single or a married person filing separately | And you are a married couple filing jointly | And you are single or a married person filing separately | And you are a married couple filing jointly | 4 | 5 | 6 | 7 | 8 or more |
| | | Your tax is— | | | | | | | | | |
| $2,325 | $2,350 | $262 | $157 | $157 | $53 | $53 | $0 | $0 | $0 | $0 | $0 |
| 2,350 | 2,375 | 266 | 161 | 161 | 57 | 57 | 0 | 0 | 0 | 0 | 0 |
| 2,375 | 2,400 | 269 | 165 | 165 | 61 | 61 | 0 | 0 | 0 | 0 | 0 |
| 2,400 | 2,425 | 273 | 169 | 169 | 65 | 65 | 0 | 0 | 0 | 0 | 0 |
| 2,425 | 2,450 | 277 | 173 | 173 | 69 | 69 | 0 | 0 | 0 | 0 | 0 |
| 2,450 | 2,475 | 281 | 177 | 177 | 72 | 72 | 0 | 0 | 0 | 0 | 0 |
| 2,475 | 2,500 | 285 | 181 | 181 | 76 | 76 | 0 | 0 | 0 | 0 | 0 |
| 2,500 | 2,525 | 289 | 185 | 185 | 80 | 80 | 0 | 0 | 0 | 0 | 0 |
| 2,525 | 2,550 | 293 | 189 | 189 | 84 | 84 | 0 | 0 | 0 | 0 | 0 |
| 2,550 | 2,575 | 297 | 192 | 192 | 88 | 88 | 0 | 0 | 0 | 0 | 0 |
| 2,575 | 2,600 | 301 | 196 | 196 | 92 | 92 | 0 | 0 | 0 | 0 | 0 |
| 2,600 | 2,625 | 305 | 200 | 200 | 96 | 96 | 0 | 0 | 0 | 0 | 0 |
| 2,625 | 2,650 | 309 | 204 | 204 | 100 | 100 | 0 | 0 | 0 | 0 | 0 |
| 2,650 | 2,675 | 313 | 208 | 208 | 104 | 104 | 0 | 0 | 0 | 0 | 0 |
| 2,675 | 2,700 | 316 | 212 | 212 | 108 | 108 | 3 | 0 | 0 | 0 | 0 |
| 2,700 | 2,725 | 320 | 216 | 216 | 112 | 112 | 7 | 0 | 0 | 0 | 0 |
| 2,725 | 2,750 | 324 | 220 | 220 | 115 | 115 | 11 | 0 | 0 | 0 | 0 |
| 2,750 | 2,775 | 328 | 224 | 224 | 119 | 119 | 15 | 0 | 0 | 0 | 0 |
| 2,775 | 2,800 | 332 | 228 | 228 | 123 | 123 | 19 | 0 | 0 | 0 | 0 |
| 2,800 | 2,825 | 336 | 232 | 232 | 127 | 127 | 23 | 0 | 0 | 0 | 0 |
| 2,825 | 2,850 | 340 | 236 | 236 | 131 | 131 | 27 | 0 | 0 | 0 | 0 |
| 2,850 | 2,875 | 344 | 239 | 239 | 135 | 135 | 31 | 0 | 0 | 0 | 0 |
| 2,875 | 2,900 | 348 | 243 | 243 | 139 | 139 | 35 | 0 | 0 | 0 | 0 |
| 2,900 | 2,925 | 352 | 247 | 247 | 143 | 143 | 38 | 0 | 0 | 0 | 0 |
| 2,925 | 2,950 | 357 | 251 | 251 | 147 | 147 | 42 | 0 | 0 | 0 | 0 |
| 2,950 | 2,975 | 361 | 255 | 255 | 151 | 151 | 46 | 0 | 0 | 0 | 0 |
| 2,975 | 3,000 | 366 | 259 | 259 | 155 | 155 | 50 | 0 | 0 | 0 | 0 |
| 3,000 | 3,050 | 373 | 265 | 265 | 161 | 161 | 56 | 0 | 0 | 0 | 0 |
| 3,050 | 3,100 | 382 | 273 | 273 | 168 | 168 | 64 | 0 | 0 | 0 | 0 |
| 3,100 | 3,150 | 391 | 281 | 281 | 176 | 176 | 72 | 0 | 0 | 0 | 0 |
| 3,150 | 3,200 | 400 | 288 | 288 | 184 | 184 | 80 | 0 | 0 | 0 | 0 |
| 3,200 | 3,250 | 409 | 296 | 296 | 192 | 192 | 87 | 0 | 0 | 0 | 0 |
| 3,250 | 3,300 | 418 | 304 | 304 | 200 | 200 | 95 | 0 | 0 | 0 | 0 |
| 3,300 | 3,350 | 427 | 312 | 312 | 207 | 207 | 103 | 0 | 0 | 0 | 0 |
| 3,350 | 3,400 | 436 | 320 | 320 | 215 | 215 | 111 | 7 | 0 | 0 | 0 |
| 3,400 | 3,450 | 445 | 328 | 328 | 223 | 223 | 119 | 14 | 0 | 0 | 0 |
| 3,450 | 3,500 | 454 | 335 | 335 | 231 | 231 | 127 | 22 | 0 | 0 | 0 |
| 3,500 | 3,550 | 463 | 343 | 343 | 239 | 239 | 134 | 30 | 0 | 0 | 0 |
| 3,550 | 3,600 | 472 | 352 | 351 | 247 | 247 | 142 | 38 | 0 | 0 | 0 |
| 3,600 | 3,650 | 481 | 361 | 359 | 254 | 254 | 150 | 46 | 0 | 0 | 0 |
| 3,650 | 3,700 | 490 | 370 | 367 | 262 | 262 | 158 | 54 | 0 | 0 | 0 |
| 3,700 | 3,750 | 499 | 379 | 375 | 270 | 270 | 166 | 61 | 0 | 0 | 0 |
| 3,750 | 3,800 | 508 | 388 | 382 | 278 | 278 | 174 | 69 | 0 | 0 | 0 |
| 3,800 | 3,850 | 517 | 397 | 390 | 286 | 286 | 181 | 77 | 0 | 0 | 0 |
| 3,850 | 3,900 | 526 | 406 | 398 | 294 | 294 | 189 | 85 | 0 | 0 | 0 |
| 3,900 | 3,950 | 535 | 415 | 406 | 301 | 301 | 197 | 93 | 0 | 0 | 0 |
| 3,950 | 4,000 | 544 | 424 | 414 | 309 | 309 | 205 | 100 | 0 | 0 | 0 |
| 4,000 | 4,050 | 553 | 433 | 422 | 317 | 317 | 213 | 108 | 4 | 0 | 0 |
| 4,050 | 4,100 | 562 | 442 | 429 | 325 | 325 | 221 | 116 | 12 | 0 | 0 |
| 4,100 | 4,150 | 571 | 451 | 437 | 333 | 333 | 228 | 124 | 20 | 0 | 0 |
| 4,150 | 4,200 | 580 | 460 | 445 | 341 | 341 | 236 | 132 | 27 | 0 | 0 |
| 4,200 | 4,250 | 589 | 469 | 453 | 349 | 348 | 244 | 140 | 35 | 0 | 0 |
| 4,250 | 4,300 | 598 | 478 | 461 | 358 | 356 | 252 | 147 | 43 | 0 | 0 |
| 4,300 | 4,350 | 607 | 487 | 468 | 367 | 364 | 260 | 155 | 51 | 0 | 0 |
| 4,350 | 4,400 | 616 | 496 | 476 | 376 | 372 | 268 | 163 | 59 | 0 | 0 |
| 4,400 | 4,450 | 625 | 505 | 484 | 385 | 380 | 275 | 171 | 67 | 0 | 0 |
| 4,450 | 4,500 | 634 | 514 | 492 | 394 | 388 | 283 | 179 | 74 | 0 | 0 |
| 4,500 | 4,550 | 643 | 523 | 500 | 403 | 395 | 291 | 187 | 82 | 0 | 0 |
| 4,550 | 4,600 | 652 | 532 | 508 | 412 | 403 | 299 | 194 | 90 | 0 | 0 |
| 4,600 | 4,650 | 661 | 541 | 515 | 421 | 411 | 307 | 202 | 98 | 0 | 0 |
| 4,650 | 4,700 | 670 | 550 | 523 | 430 | 419 | 315 | 210 | 106 | 1 | 0 |
| 4,700 | 4,750 | 679 | 559 | 531 | 439 | 427 | 322 | 218 | 114 | 9 | 0 |
| 4,750 | 4,800 | 688 | 568 | 539 | 448 | 435 | 330 | 226 | 121 | 17 | 0 |
| 4,800 | 4,850 | 697 | 577 | 547 | 457 | 442 | 338 | 234 | 129 | 25 | 0 |
| 4,850 | 4,900 | 706 | 586 | 555 | 466 | 450 | 346 | 241 | 137 | 33 | 0 |
| 4,900 | 4,950 | 715 | 595 | 562 | 475 | 458 | 354 | 249 | 145 | 40 | 0 |
| 4,950 | 5,000 | 724 | 604 | 570 | 484 | 466 | 361 | 257 | 153 | 48 | 0 |

☆ U. S. GOVERNMENT PRINTING OFFICE 16—62581-1

**FORM 1040**
**U. S. Treasury Department**
**Internal Revenue Service**

# U. S. INDIVIDUAL INCOME TAX RETURN

# 1949

For calendar year 1949 or fiscal year beginning ________________, 1949, and ending ________________, 1950

**EMPLOYEES:** Instead of this form, you may use Form 1040A if your total income was less than $5,000, consisting wholly of wages shown on Forms W-2, or of such wages and not more than $100 of other wages, dividends, and interest.

Do not write in these spaces
File Code
Serial No.
(Cashier's Stamp)

Name DAVID FRANCIS BRINER
(PLEASE PRINT. If this is a joint return of husband and wife, use first names of both)

HOME ADDRESS NAVAL GOVERNMENT UNIT, SAMOA
(PLEASE PRINT. Street and number or rural route)

BOX X, F.P.O. NAVY 128; c/o F.P.O. SAN FRANCISCO, Calif
(City, town, or post office) (Postal zone number) (State)

Social Security No. ________________ Occupation U.S. NAVY

## Your exemptions

1. List your own name. If married and your wife (or husband) had no income, or if this is a joint return of husband and wife, list name of your wife (or husband).

List names of other close relatives (as defined in Instructions) with 1949 incomes of less than $500 who received more than one-half of their support from you in 1949. If this is a joint return of husband and wife, list dependent relatives of both.

| Name (please print) | Check below whether you (or your wife) were at the end of your taxable year— 65 OR OVER | BLIND | On lines a and b below— Write 1 if neither 65 nor blind; Write 2 if either 65 or blind; Write 3 if both 65 and blind. |
|---|---|---|---|
| Your name DAVID FRANCIS BRINER | Yes ☐ No ☒ | Yes ☐ No ☐ | a. Number of exemptions for you 1 |
| Wife's (or husband's) name | Yes ☐ No ☐ | Yes ☐ No ☐ | b. Number of her (his) exemptions |

| Name of Other Dependent Relative | Relationship | Address—If different from yours |
|---|---|---|
| Lemuel O. BRINER | FATHER | Deceased 1-26-49 |
| | | |
| | | |
| | | |
| | | |

Enter here total number of exemptions claimed (yours and your wife's plus one for each dependent listed above) → ☐

## Your income

2. Enter your total wages, salaries, bonuses, commissions, and other compensation received in 1949, **BEFORE PAY-ROLL DEDUCTIONS** for taxes, dues, insurance, bonds, etc. Also enter amount of income tax withheld. Persons claiming traveling or reimbursed expenses, see Instructions.

| Print Employer's Name | Where Employed (City and State) | Amount of Income Tax Withheld | Total Wages |
|---|---|---|---|
| U.S. NAVY | Tutuila, Am. SAMOA. | $ 92.70 | $ 2415.45 |
| | | | |
| | | | |
| | | | |
| | Enter totals | $ | $ |

3. Enter here the total amount of your dividends ________
4. Enter here the total amount of your interest (including interest credited on savings accounts; also interest from Government obligations unless wholly exempt from taxation) ________
5. If you received any other income, give details on page 2 and enter the total here ________
6. Add income shown in items 2, 3, 4, and 5, and enter the total here $ 2415.45

## How to figure the tax

**IF YOUR INCOME WAS LESS THAN $5,000.**—You may find your tax in the table on page 4. This table allows about 10 percent of your total income for charitable contributions, interest, taxes, medical expenses, etc. If such deductions exceed 10 percent, it will usually be to your advantage to itemize them and compute your tax on page 3.

**IF INCOME WAS $5,000 OR MORE.**—Do not use tax table. Compute tax on page 3. Use standard deduction or itemize deductions, whichever is to your advantage.

**HUSBAND AND WIFE.**—For split-income benefits, file a joint return. If filing separate returns, and one itemizes deductions, both must itemize.

## Tax due or refund

7. Enter your tax from table on page 4, or from line 18, page 3 $ ~~$~~61.00
8. How much have you paid on your 1949 income tax?
   (A) By tax withheld (in item 2, above). Attach Original Forms W-2 $ 92.70
   (B) By payments on 1949 Declaration of Estimated Tax ________
   Enter total here → 92.70
   69.30
9. If your tax (item 7) is larger than payments (item 8), enter **BALANCE OF TAX DUE** here $ ~~69.30~~
   **This balance of tax due must be paid in full with return.**
10. If your payments (item 8) are larger than your tax (item 7), enter the **OVERPAYMENT** here $ ________
    **Check (✓) whether you want this overpayment: Refunded to you ☐; or Credited on your 1950 estimated tax ☐**
    **Do you owe any prior year Federal tax for which you have been billed?** ________ (Yes or No)

If you filed a return for a prior year, state latest year ________
Where filed ________
To which Collector's office did you pay amount claimed in item 8 (B), above? ________

County in which you reside ________
Is your wife (or husband) making a separate return for 1949? ________ (Yes or No)
If "Yes," write her (or his) name ________

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

________ (Signature of person, other than taxpayer, preparing this return) ________ (Date)

________ (Name of firm or employer, if any)

David Francis Briner
AMC, U.S. Navy.
(Signature of taxpayer) ________ (Date)

________ (Signature of taxpayer's wife or husband if this is a joint return) ________ (Date)

➧ To assure any benefits of split-income provisions, husband and wife must include all their income, and BOTH MUST SIGN, even though only one has income.

## Schedule A.—INCOME FROM DIVIDENDS

| Name and address of corporation declaring dividend | Amount | Name and address of corporation declaring dividend | Amount |
|---|---|---|---|
| | $ | | $ |
| | | | Enter total here → $ |

## Schedule B.—INCOME FROM INTEREST

| Name and address of payor | Amount | Name and address of payor | Amount |
|---|---|---|---|
| | $ | | $ |
| | | | Enter total here → |

## Schedule C.—PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION. (Farmers should obtain Form 1040F)

Net profit (or loss) from business or profession (from separate Schedule C)

## Schedule D.—GAINS AND LOSSES FROM SALES OR EXCHANGES OF CAPITAL ASSETS, ETC.

1. Net gain (or loss) from sale or exchange of capital assets (from separate Schedule D)
2. Net gain (or loss) from sale or exchange of property other than capital assets (from separate Schedule D)

## Schedule E.—INCOME FROM ANNUITIES OR PENSIONS

| | | | |
|---|---|---|---|
| 1. Cost of annuity (total amount you paid in) | $ | 4. Total amount received this year | $ |
| 2. Amount received tax-free in prior years | | 5. Excess, if any, of line 4 over line 3 | |
| 3. Remainder of cost (line 1 less line 2) | $ | 6. Enter line 5, or 3 percent of line 1, whichever is greater (but do not enter more than line 4) | |

## Schedule F.—INCOME FROM RENTS AND ROYALTIES

| 1. Kind and location of property | 2. Amount of rent or royalty | 3. Depreciation or depletion (explain in Schedule H) | 4. Repairs (explain in Schedule I) | 5. Other expenses (itemize in Schedule I) |
|---|---|---|---|---|
| | $ | $ | $ | $ |
| 1. Totals | $ | $ | $ | $ |

2. Net profit (or loss) (column 2 less sum of columns 3, 4, and 5)

## Schedule G.—INCOME FROM PARTNERSHIPS, ESTATES AND TRUSTS, AND OTHER SOURCES

| NAME | ADDRESS | AMOUNT |
|---|---|---|
| 1. Partnership, joint venture, etc. | | $ |
| 2. Estate or trust | | |
| 3. Other sources (state nature) | | |
| | | Enter total here → |

**Total income (or loss) from above sources (Enter as item 3, page 1)** $

## Schedule H.—EXPLANATION OF DEDUCTION FOR DEPRECIATION CLAIMED IN SCHEDULE F

| 1. Kind of property (If buildings, state material of which constructed) | 2. Date acquired | 3. Cost or other basis (do not include land or other nondepreciable property) | 4. Assets fully depreciated in use at end of year | 5. Depreciation allowed (or allowable) in prior years | 6. Remaining cost or other basis to be recovered | 7. Estimated life used in accumulating depreciation | 8. Estimated remaining life from beginning of year | 9. Depreciation allowable this year |
|---|---|---|---|---|---|---|---|---|
| | | $ | $ | $ | $ | | | $ |

## Schedule I.—EXPLANATION OF COLUMNS 4 AND 5 OF SCHEDULE F

| 1. Column No. | 2. Explanation | 3. Amount | 1. Column No. | 2. Explanation | 3. Amount |
|---|---|---|---|---|---|
| | | $ | | | $ |

☆ GPO 16—62581-1

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## ITEMIZED DEDUCTIONS—FOR PERSONS NOT USING TAX TABLE ON PAGE 4 OR STANDARD DEDUCTION ON LINE 2 BELOW—

If husband and wife (not legally separated) file separate returns and one itemizes deductions, the other must also itemize

| Describe deductions and state to whom paid. If more space is needed, list deductions on separate sheet of paper and attach to this return. | | | Amount |
|---|---|---|---|
| **Contributions** | | $ | |
| | Allowable Contributions (not in excess of 15 percent of item 4, page 1) | | $ |
| **Interest** | | $ | |
| | Total Interest | | |
| **Taxes** | | $ | |
| | Total Taxes | | |
| **Losses from fire, storm, or other casualty, or theft** | | $ | |
| | Total Allowable Losses (not compensated by insurance or otherwise) | | |
| **Medical and dental expenses** | | $ | |
| | Net Expenses (not compensated by insurance or otherwise) | $ | |
| | Enter 5 percent of item 4, page 1, and subtract from Net Expenses | | |
| | Allowable Medical and Dental Expenses. See Instructions for limitation | | |
| **Miscellaneous (See Instructions)** | | $ | |
| | Total Miscellaneous Deductions | | |
| | TOTAL DEDUCTIONS | | $ |

## TAX COMPUTATION—FOR PERSONS NOT USING TAX TABLE ON PAGE 4

1. Enter amount shown in item 4, page 1. This is your Adjusted Gross Income $
2. Enter DEDUCTIONS. If deductions are itemized above, enter the total of such deductions. If adjusted gross income (line 1, above) is $5,000 or more and deductions are not itemized, enter the standard deduction of 10 percent of line 1, above, or $1,000, whichever is the lesser, or $500 if this is the separate return of a married person
3. Subtract line 2 from line 1. Enter the difference here. This is your Net Income $
4. Multiply $600 by total number of exemptions claimed in item 1, page 1. Enter total here
5. Subtract line 4 from line 3. Enter difference here $

**Lines 6, 7, and 8 should be filled in ONLY by a single person or a married person making a separate return**

6. Use the tax rates shown on page 16 of Instructions to figure your tentative tax on amount shown in line 5 (if line 3, above, includes partially tax-exempt interest, see Instructions). Enter the tentative tax here $
7. If line 6 is (*a*) not over $400, enter 13% of amount on line 6
   (*b*) over $400 but not over $100,000, enter $52 plus 9% of the excess over $400
   (*c*) over $100,000, enter $9,016 plus 7.3% of the excess over $100,000
8. Subtract line 7 from line 6. Enter the difference here. This is your combined normal tax and surtax $

**Lines 9 to 13 should be filled in ONLY if this is a joint return of husband and wife**

9. Enter here one-half of amount on line 5, above $
10. Use the tax rates shown on page 16 of Instructions to figure your tentative tax on amount shown in line 9 (if line 3, above, includes partially tax-exempt interest, see Instructions). Enter the tentative tax here $
11. If line 10 is (*a*) not over $400, enter 13% of amount on line 10
    (*b*) over $400 but not over $100,000, enter $52 plus 9% of the excess over $400
    (*c*) over $100,000, enter $9,016 plus 7.3% of the excess over $100,000
12. Subtract line 11 from line 10. Enter the difference here $
13. Multiply amount on line 12 by 2. Enter this tax here. This is your combined normal tax and surtax $
14. If alternative tax computation is made on separate Schedule D, enter here tax from line 12 on back of Schedule D $

**If you used the standard deduction in line 2, disregard lines 15, 16, and 17, and copy on line 18 the same figure you entered on line 8, 13, or 14, whichever is applicable**

15. Enter here any income tax payments to a foreign country or U. S. possession (attach Form 1116) $
16. Enter here any income tax paid at source on tax-free covenant bond interest
17. Add the figures on lines 15 and 16 and enter the total here $
18. Subtract line 17 from line 8, 13, or 14, whichever is applicable. Enter difference here and in item 5, page 1. This is your tax $

**FORM 1040**
**U. S. Treasury Department**
**Internal Revenue Service**

# U. S. INDIVIDUAL INCOME TAX RETURN

# 1949

For calendar year 1949 or fiscal year beginning ................, 1949, and ending ................, 1950

**EMPLOYEES:** Instead of this form, you may use Form 1040A if your total income was less than $5,000, consisting wholly of wages shown on Forms W-2, or of such wages and not more than $100 of other wages, dividends, and interest.

Do not write in these spaces
File Code
Serial No.
(Cashier's Stamp)

Name DAVID FRANCIS BRINER
(PLEASE PRINT. If this is a joint return of husband and wife, use first names of both)

HOME ADDRESS NAVAL GOVERNMENT UNIT, SAMOA
(PLEASE PRINT. Street and number or rural route)

BOX X, FPO NAVY 128; % F.P.O. SAN FRANCISCO, Calif
(City, town, or post office) (Postal zone number) (State)

Social Security No. ................ Occupation U. S. NAVY

## Your exemptions

1. List your own name. If married and your wife (or husband) had no income, or if this is a joint return of husband and wife, list name of your wife (or husband).

List names of other close relatives (as defined in Instructions) with 1949 incomes of less than $500 who received more than one-half of their support from you in 1949. If this is a joint return of husband and wife, list dependent relatives of both.

| Name (please print) | Check below whether you (or your wife) were at the end of your taxable year— 65 OR OVER | BLIND | On lines a and b below— Write 1 if neither 65 nor blind; Write 2 if either 65 or blind; Write 3 if both 65 and blind. |
|---|---|---|---|
| Your name DAVID FRANCIS BRINER | Yes ☐ No ☒ | Yes ☐ No ☐ | a. Number of exemptions for you 1 |
| Wife's (or husband's) name | Yes ☐ No ☐ | Yes ☐ No ☐ | b. Number of her (his) exemptions |

| Name of Other Dependent Relative | Relationship | Address—If different from yours |
|---|---|---|
| Lemuel O. BRINER | FATHER | Deceased 1-26-49 |
| | | |
| | | |
| | | |

Enter here total number of exemptions claimed (yours and your wife's plus one for each dependent listed above) → ☐

## Your income

2. Enter your total wages, salaries, bonuses, commissions, and other compensation received in 1949, BEFORE PAY-ROLL DEDUCTIONS for taxes, dues, insurance, bonds, etc. Also enter amount of income tax withheld. Persons claiming traveling or reimbursed expenses, see Instructions.

| Print Employer's Name | Where Employed (City and State) | Amount of Income Tax Withheld | Total Wages |
|---|---|---|---|
| U. S. NAVY | Tutuila, Am. Samoa. | $ 92.70 | $ 2415.45 |
| | | | |
| | | | |
| | | | |
| | Enter totals | $ | $ |

3. Enter here the total amount of your dividends ................

4. Enter here the total amount of your interest (including interest credited on savings accounts; also interest from Government obligations unless wholly exempt from taxation) ................

5. If you received any other income, give details on page 2 and enter the total here ................

6. Add income shown in items 2, 3, 4, and 5, and enter the total here ................ $ 2415. 45

## How to figure the tax

**IF YOUR INCOME WAS LESS THAN $5,000.**—You may find your tax in the table on page 4. This table allows about 10 percent of your total income for charitable contributions, interest, taxes, medical expenses, etc. If such deductions exceed 10 percent, it will usually be to your advantage to itemize them and compute your tax on page 3.

**IF INCOME WAS $5,000 OR MORE.**—Do not use tax table. Compute tax on page 3. Use standard deduction or itemize deductions, whichever is to your advantage.

**HUSBAND AND WIFE.**—For split-income benefits, file a joint return. If filing separate returns, and one itemizes deductions, both must itemize.

## Tax due or refund

7. Enter your tax from table on page 4, or from line 18, page 3 ................ $ 161 00

8. How much have you paid on your 1949 income tax?
   (A) By tax withheld (in item 2, above). Attach Original Forms W-2 ........ $ 92 70
   (B) By payments on 1949 Declaration of Estimated Tax ........
   Enter total here →

92. 70
69 30

9. If your tax (item 7) is larger than payments (item 8), enter **BALANCE OF TAX DUE** here ........ $ ~~69~~ ~~30~~
**This balance of tax due must be paid in full with return.**

10. If your payments (item 8) are larger than your tax (item 7), enter the **OVERPAYMENT** here ........ $
**Check (✓) whether you want this overpayment: Refunded to you ☐; or Credited on your 1950 estimated tax ☐**
**Do you owe any prior year Federal tax for which you have been billed?** ................ (Yes or No)

If you filed a return for a prior year, state latest year [illegible]
Where filed ................
To which Collector's office did you pay amount claimed in item 8 (B), above? ................

County in which you reside ................
Is your wife (or husband) making a separate return for 1949? ................ (Yes or No)
If "Yes," write her (or his) name ................

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

................ (Signature of person, other than taxpayer, preparing this return) ........ (Date)

................ (Name of firm or employer, if any)

David Francis Briner
HMC, U.S. Navy.
(Signature of taxpayer) ........ (Date)

................ (Signature of taxpayer's wife or husband if this is a joint return) ........ (Date)

➧ To assure any benefits of split-income provisions, husband and wife must include all their income, and BOTH MUST SIGN, even though only one has income.

If you use this table, tear off this page and file only pages 1 and 2

# TAX TABLE FOR CALENDAR YEAR 1950

## FOR PERSONS WITH INCOMES UNDER $5,000 NOT COMPUTING TAX ON PAGE 3

Read down the shaded columns below until you find the line covering the total income you entered in item 4, page 1. Then read across to the column headed by the number corresponding to the number of exemptions claimed in item 1, page 1. Enter the tax you find there in item 5, page 1.

| If total income in item 4, page 1, is— | | And the number of exemptions claimed in item 1, page 1, is— | | | |
|---|---|---|---|---|---|
| At least | But less than | 1 | 2 | 3 | 4 or more |
| | | Your tax is— | | | |
| $0 | $675 | $0 | $0 | $0 | $0 |
| 675 | 700 | 3 | 0 | 0 | 0 |
| 700 | 725 | 7 | 0 | 0 | 0 |
| 725 | 750 | 11 | 0 | 0 | 0 |
| 750 | 775 | 15 | 0 | 0 | 0 |
| 775 | 800 | 19 | 0 | 0 | 0 |
| 800 | 825 | 23 | 0 | 0 | 0 |
| 825 | 850 | 27 | 0 | 0 | 0 |
| 850 | 875 | 31 | 0 | 0 | 0 |
| 875 | 900 | 35 | 0 | 0 | 0 |
| 900 | 925 | 38 | 0 | 0 | 0 |
| 925 | 950 | 42 | 0 | 0 | 0 |
| 950 | 975 | 46 | 0 | 0 | 0 |
| 975 | 1,000 | 50 | 0 | 0 | 0 |
| 1,000 | 1,025 | 54 | 0 | 0 | 0 |
| 1,025 | 1,050 | 58 | 0 | 0 | 0 |
| 1,050 | 1,075 | 62 | 0 | 0 | 0 |
| 1,075 | 1,100 | 66 | 0 | 0 | 0 |
| 1,100 | 1,125 | 70 | 0 | 0 | 0 |
| 1,125 | 1,150 | 74 | 0 | 0 | 0 |
| 1,150 | 1,175 | 78 | 0 | 0 | 0 |
| 1,175 | 1,200 | 82 | 0 | 0 | 0 |
| 1,200 | 1,225 | 85 | 0 | 0 | 0 |
| 1,225 | 1,250 | 89 | 0 | 0 | 0 |
| 1,250 | 1,275 | 93 | 0 | 0 | 0 |
| 1,275 | 1,300 | 97 | 0 | 0 | 0 |
| 1,300 | 1,325 | 101 | 0 | 0 | 0 |
| 1,325 | 1,350 | 105 | 1 | 0 | 0 |
| 1,350 | 1,375 | 109 | 5 | 0 | 0 |
| 1,375 | 1,400 | 113 | 8 | 0 | 0 |
| 1,400 | 1,425 | 117 | 12 | 0 | 0 |
| 1,425 | 1,450 | 121 | 16 | 0 | 0 |
| 1,450 | 1,475 | 125 | 20 | 0 | 0 |
| 1,475 | 1,500 | 129 | 24 | 0 | 0 |
| 1,500 | 1,525 | 132 | 28 | 0 | 0 |
| 1,525 | 1,550 | 136 | 32 | 0 | 0 |
| 1,550 | 1,575 | 140 | 36 | 0 | 0 |
| 1,575 | 1,600 | 144 | 40 | 0 | 0 |
| 1,600 | 1,625 | 148 | 44 | 0 | 0 |
| 1,625 | 1,650 | 152 | 48 | 0 | 0 |
| 1,650 | 1,675 | 156 | 52 | 0 | 0 |
| 1,675 | 1,700 | 160 | 55 | 0 | 0 |
| 1,700 | 1,725 | 164 | 59 | 0 | 0 |
| 1,725 | 1,750 | 168 | 63 | 0 | 0 |
| 1,750 | 1,775 | 172 | 67 | 0 | 0 |
| 1,775 | 1,800 | 176 | 71 | 0 | 0 |
| 1,800 | 1,825 | 179 | 75 | 0 | 0 |
| 1,825 | 1,850 | 183 | 79 | 0 | 0 |
| 1,850 | 1,875 | 187 | 83 | 0 | 0 |
| 1,875 | 1,900 | 191 | 87 | 0 | 0 |
| 1,900 | 1,925 | 195 | 91 | 0 | 0 |
| 1,925 | 1,950 | 199 | 95 | 0 | 0 |
| 1,950 | 1,975 | 203 | 99 | 0 | 0 |
| 1,975 | 2,000 | 207 | 102 | 0 | 0 |
| 2,000 | 2,025 | 211 | 106 | 2 | 0 |
| 2,025 | 2,050 | 215 | 110 | 6 | 0 |
| 2,050 | 2,075 | 219 | 114 | 10 | 0 |
| 2,075 | 2,100 | 223 | 118 | 14 | 0 |
| 2,100 | 2,125 | 226 | 122 | 18 | 0 |
| 2,125 | 2,150 | 230 | 126 | 22 | 0 |
| 2,150 | 2,175 | 234 | 130 | 25 | 0 |
| 2,175 | 2,200 | 238 | 134 | 29 | 0 |
| 2,200 | 2,225 | 242 | 138 | 33 | 0 |
| 2,225 | 2,250 | 246 | 142 | 37 | 0 |
| 2,250 | 2,275 | 250 | 146 | 41 | 0 |
| 2,275 | 2,300 | 254 | 149 | 45 | 0 |
| 2,300 | 2,325 | 258 | 153 | 49 | 0 |

| If total income in item 4, page 1, is— | | And the number of exemptions claimed in item 1, page 1, is— | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| At least | But less than | 1 | 2 | | 3 | | 4 | 5 | 6 | 7 | 8 or more |
| | | | And you are single or a married person filing separately | And you are a married couple filing jointly | And you are single or a married person filing separately | And you are a married couple filing jointly | | | | | |
| | | Your tax is— | | | | | | | | | |
| $2,325 | $2,350 | $262 | $157 | $157 | $53 | $53 | $0 | $0 | $0 | $0 | $0 |
| 2,350 | 2,375 | 266 | 161 | 161 | 57 | 57 | 0 | 0 | 0 | 0 | 0 |
| 2,375 | 2,400 | 269 | 165 | 165 | 61 | 61 | 0 | 0 | 0 | 0 | 0 |
| 2,400 | 2,425 | 273 | 169 | 169 | 65 | 65 | 0 | 0 | 0 | 0 | 0 |
| 2,425 | 2,450 | 277 | 173 | 173 | 69 | 69 | 0 | 0 | 0 | 0 | 0 |
| 2,450 | 2,475 | 281 | 177 | 177 | 72 | 72 | 0 | 0 | 0 | 0 | 0 |
| 2,475 | 2,500 | 285 | 181 | 181 | 76 | 76 | 0 | 0 | 0 | 0 | 0 |
| 2,500 | 2,525 | 289 | 185 | 185 | 80 | 80 | 0 | 0 | 0 | 0 | 0 |
| 2,525 | 2,550 | 293 | 189 | 189 | 84 | 84 | 0 | 0 | 0 | 0 | 0 |
| 2,550 | 2,575 | 297 | 192 | 192 | 88 | 88 | 0 | 0 | 0 | 0 | 0 |
| 2,575 | 2,600 | 301 | 196 | 196 | 92 | 92 | 0 | 0 | 0 | 0 | 0 |
| 2,600 | 2,625 | 305 | 200 | 200 | 96 | 96 | 0 | 0 | 0 | 0 | 0 |
| 2,625 | 2,650 | 309 | 204 | 204 | 100 | 100 | 0 | 0 | 0 | 0 | 0 |
| 2,650 | 2,675 | 313 | 208 | 208 | 104 | 104 | 0 | 0 | 0 | 0 | 0 |
| 2,675 | 2,700 | 316 | 212 | 212 | 108 | 108 | 3 | 0 | 0 | 0 | 0 |
| 2,700 | 2,725 | 320 | 216 | 216 | 112 | 112 | 7 | 0 | 0 | 0 | 0 |
| 2,725 | 2,750 | 324 | 220 | 220 | 115 | 115 | 11 | 0 | 0 | 0 | 0 |
| 2,750 | 2,775 | 328 | 224 | 224 | 119 | 119 | 15 | 0 | 0 | 0 | 0 |
| 2,775 | 2,800 | 332 | 228 | 228 | 123 | 123 | 19 | 0 | 0 | 0 | 0 |
| 2,800 | 2,825 | 336 | 232 | 232 | 127 | 127 | 23 | 0 | 0 | 0 | 0 |
| 2,825 | 2,850 | 340 | 236 | 236 | 131 | 131 | 27 | 0 | 0 | 0 | 0 |
| 2,850 | 2,875 | 344 | 239 | 239 | 135 | 135 | 31 | 0 | 0 | 0 | 0 |
| 2,875 | 2,900 | 348 | 243 | 243 | 139 | 139 | 35 | 0 | 0 | 0 | 0 |
| 2,900 | 2,925 | 352 | 247 | 247 | 143 | 143 | 38 | 0 | 0 | 0 | 0 |
| 2,925 | 2,950 | 357 | 251 | 251 | 147 | 147 | 42 | 0 | 0 | 0 | 0 |
| 2,950 | 2,975 | 361 | 255 | 255 | 151 | 151 | 46 | 0 | 0 | 0 | 0 |
| 2,975 | 3,000 | 366 | 259 | 259 | 155 | 155 | 50 | 0 | 0 | 0 | 0 |
| 3,000 | 3,050 | 373 | 265 | 265 | 161 | 161 | 56 | 0 | 0 | 0 | 0 |
| 3,050 | 3,100 | 382 | 273 | 273 | 168 | 168 | 64 | 0 | 0 | 0 | 0 |
| 3,100 | 3,150 | 391 | 281 | 281 | 176 | 176 | 72 | 0 | 0 | 0 | 0 |
| 3,150 | 3,200 | 400 | 288 | 288 | 184 | 184 | 80 | 0 | 0 | 0 | 0 |
| 3,200 | 3,250 | 409 | 296 | 296 | 192 | 192 | 87 | 0 | 0 | 0 | 0 |
| 3,250 | 3,300 | 418 | 304 | 304 | 200 | 200 | 95 | 0 | 0 | 0 | 0 |
| 3,300 | 3,350 | 427 | 312 | 312 | 207 | 207 | 103 | 0 | 0 | 0 | 0 |
| 3,350 | 3,400 | 436 | 320 | 320 | 215 | 215 | 111 | 7 | 0 | 0 | 0 |
| 3,400 | 3,450 | 445 | 328 | 328 | 223 | 223 | 119 | 14 | 0 | 0 | 0 |
| 3,450 | 3,500 | 454 | 335 | 335 | 231 | 231 | 127 | 22 | 0 | 0 | 0 |
| 3,500 | 3,550 | 463 | 343 | 343 | 239 | 239 | 134 | 30 | 0 | 0 | 0 |
| 3,550 | 3,600 | 472 | 352 | 351 | 247 | 247 | 142 | 38 | 0 | 0 | 0 |
| 3,600 | 3,650 | 481 | 361 | 359 | 254 | 254 | 150 | 46 | 0 | 0 | 0 |
| 3,650 | 3,700 | 490 | 370 | 367 | 262 | 262 | 158 | 54 | 0 | 0 | 0 |
| 3,700 | 3,750 | 499 | 379 | 375 | 270 | 270 | 166 | 61 | 0 | 0 | 0 |
| 3,750 | 3,800 | 508 | 388 | 382 | 278 | 278 | 174 | 69 | 0 | 0 | 0 |
| 3,800 | 3,850 | 517 | 397 | 390 | 286 | 286 | 181 | 77 | 0 | 0 | 0 |
| 3,850 | 3,900 | 526 | 406 | 398 | 294 | 294 | 189 | 85 | 0 | 0 | 0 |
| 3,900 | 3,950 | 535 | 415 | 406 | 301 | 301 | 197 | 93 | 0 | 0 | 0 |
| 3,950 | 4,000 | 544 | 424 | 414 | 309 | 309 | 205 | 100 | 0 | 0 | 0 |
| 4,000 | 4,050 | 553 | 433 | 422 | 317 | 317 | 213 | 108 | 4 | 0 | 0 |
| 4,050 | 4,100 | 562 | 442 | 429 | 325 | 325 | 221 | 116 | 12 | 0 | 0 |
| 4,100 | 4,150 | 571 | 451 | 437 | 333 | 333 | 228 | 124 | 20 | 0 | 0 |
| 4,150 | 4,200 | 580 | 460 | 445 | 341 | 341 | 236 | 132 | 27 | 0 | 0 |
| 4,200 | 4,250 | 589 | 469 | 453 | 349 | 348 | 244 | 140 | 35 | 0 | 0 |
| 4,250 | 4,300 | 598 | 478 | 461 | 358 | 356 | 252 | 147 | 43 | 0 | 0 |
| 4,300 | 4,350 | 607 | 487 | 468 | 367 | 364 | 260 | 155 | 51 | 0 | 0 |
| 4,350 | 4,400 | 616 | 496 | 476 | 376 | 372 | 268 | 163 | 59 | 0 | 0 |
| 4,400 | 4,450 | 625 | 505 | 484 | 385 | 380 | 275 | 171 | 67 | 0 | 0 |
| 4,450 | 4,500 | 634 | 514 | 492 | 394 | 388 | 283 | 179 | 74 | 0 | 0 |
| 4,500 | 4,550 | 643 | 523 | 500 | 403 | 395 | 291 | 187 | 82 | 0 | 0 |
| 4,550 | 4,600 | 652 | 532 | 508 | 412 | 403 | 299 | 194 | 90 | 0 | 0 |
| 4,600 | 4,650 | 661 | 541 | 515 | 421 | 411 | 307 | 202 | 98 | 0 | 0 |
| 4,650 | 4,700 | 670 | 550 | 523 | 430 | 419 | 315 | 210 | 106 | 1 | 0 |
| 4,700 | 4,750 | 679 | 559 | 531 | 439 | 427 | 322 | 218 | 114 | 9 | 0 |
| 4,750 | 4,800 | 688 | 568 | 539 | 448 | 435 | 330 | 226 | 121 | 17 | 0 |
| 4,800 | 4,850 | 697 | 577 | 547 | 457 | 442 | 338 | 234 | 129 | 25 | 0 |
| 4,850 | 4,900 | 706 | 586 | 555 | 466 | 450 | 346 | 241 | 137 | 33 | 0 |
| 4,900 | 4,950 | 715 | 595 | 562 | 475 | 458 | 354 | 249 | 145 | 40 | 0 |
| 4,950 | 5,000 | 724 | 604 | 570 | 484 | 466 | 361 | 257 | 153 | 48 | 0 |

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**Do not use this page if your income is wholly from salaries, wages, dividends, and interest**

## Schedule A.—INCOME FROM ANNUITIES OR PENSIONS

1. Cost of annuity (total amount you paid in) $
2. Amount received tax-free in prior years
3. Remainder of cost (line 1 less line 2) $
4. Total amount received this year $
5. Excess, if any, of line 4 over line 3
6. Enter line 5, or 3 percent of line 1, whichever is greater (but do not enter more than line 4) $

## Schedule B.—INCOME FROM RENTS AND ROYALTIES

| 1. Kind and location of property | 2. Amount of rent or royalty | 3. Depreciation or depletion (explain in Schedule F) | 4. Repairs (explain in Schedule G) | 5. Other expenses (itemize in Schedule G) |
|---|---|---|---|---|
| | $ | $ | $ | $ |
| | | | | |
| Net profit (or loss) (col. 2 less sum of cols. 3, 4, and 5) | $ | $ | $ | $ |

## Schedule C.—PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION. (Farmers should obtain Form 1040F)

State (1) nature of business ; (2) business name ;

(3) business address

**Do NOT include in this schedule cost of goods withdrawn for personal use or deductions not connected with business or profession.**

1. Total receipts $

COST OF GOODS SOLD

(To be used where inventories are an income-determining factor) (Enter the letters "C" or "C or M" on lines 2 and 8 if inventories are valued at either cost, or cost or market, whichever is lower)

2. Inventory at beginning of year $
3. Merchandise bought for sale
4. Labor
5. Material and supplies
6. Other costs (explain in Schedule G)
7. Total of lines 2 to 6 $
8. Less inventory at end of year
9. Net cost of goods sold (line 7 less line 8) $
10. Gross profit (line 1 less line 9) $

OTHER BUSINESS DEDUCTIONS

11. Salaries and wages not in line 4 $
12. Rent
13. Interest on business indebtedness
14. Taxes on business and business property
15. Losses (explain in Schedule G)
16. Bad debts arising from sales or services
17. Depreciation, obsolescence, and depletion (explain in Schedule F)
18. Repairs
19. Other expenses (explain in Schedule G)
20. Net operating loss deduction (attach statement)
21. Total of lines 11 to 20 $
22. Total of lines 9 and 21 $
23. Net profit (or loss) (line 1 less line 22)

## Schedule D.—GAINS AND LOSSES FROM SALES OR EXCHANGES OF CAPITAL ASSETS, ETC.

1. Net gain (or loss) from sale or exchange of capital assets (from separate Schedule D)
2. Net gain (or loss) from sale or exchange of property other than capital assets (from separate Schedule D)

## Schedule E.—INCOME FROM PARTNERSHIPS, ESTATES AND TRUSTS, AND OTHER SOURCES

| | NAME | ADDRESS | AMOUNT |
|---|---|---|---|
| 1. Partnership, syndicate, etc. | | | $ |
| 2. Estate or trust | | | |
| 3. Other sources (state nature) | | | |
| | | Enter total here → | |

**Total income (or loss) from above sources (Enter as item 5, page 1)** $

## Schedule F.—EXPLANATION OF DEDUCTION FOR DEPRECIATION CLAIMED IN SCHEDULES B AND C

| 1. Kind of property (If buildings, state material of which constructed) | 2. Date acquired | 3. Cost or other basis (do not include land or other nondepreciable property) | 4. Assets fully depreciated in use at end of year | 5. Depreciation allowed (or allowable) in prior years | 6. Remaining cost or other basis to be recovered | 7. Estimated life used in accumulating depreciation | 8. Estimated remaining life from beginning of year | 9. Depreciation allowable this year |
|---|---|---|---|---|---|---|---|---|
| | | $ | $ | $ | $ | | | $ |
| | | | | | | | | |
| | | | | | | | | |

## Schedule G.—EXPLANATION OF COLUMNS 4 AND 5 OF SCHEDULE B, AND LINES 6, 15, AND 19 OF SCHEDULE C

| 1. Column or Line No. | 2. Explanation | 3. Amount | 1. Column or Line No. | 2. Explanation | 3. Amount |
|---|---|---|---|---|---|
| | | $ | | | $ |
| | | | | | |
| | | | | | |
| | | | | | |

## ITEMIZED DEDUCTIONS—FOR PERSONS NOT USING TAX TABLE ON PAGE 4 OR STANDARD DEDUCTION ON LINE 2 BELOW—

If husband and wife (not legally separated) file separate returns and one itemizes deductions, the other must also itemize

Describe deductions and state to whom paid. If more space is needed, list deductions on separate sheet of paper and attach to this return. — Amount

**Contributions** $

Allowable Contributions (not in excess of 15 percent of item 6, page 1) $

**Interest** $

Total Interest

**Taxes** $

Total Taxes

**Losses from fire, storm, or other casualty, or theft** $

Total Allowable Losses (not compensated by insurance or otherwise)

**Medical and dental expenses** $

Net Expenses (not compensated by insurance or otherwise) $

Enter 5 percent of item 6, page 1, and subtract from Net Expenses

Allowable Medical and Dental Expenses. See Instructions for limitation

**Miscellaneous (See Instructions)** $

Total Miscellaneous Deductions

TOTAL DEDUCTIONS $

## TAX COMPUTATION—FOR PERSONS NOT USING TAX TABLE ON PAGE 4

1. Enter amount shown in item 6, page 1. This is your Adjusted Gross Income $
2. Enter DEDUCTIONS. If deductions are itemized above, enter the total of such deductions. If adjusted gross income (line 1, above) is $5,000 or more and deductions are not itemized, enter the standard deduction of 10 percent of line 1, above, or $1,000, whichever is the lesser, or $500 if this is the separate return of a married person
3. Subtract line 2 from line 1. Enter the difference here. This is your Net Income $
4. Multiply $600 by total number of exemptions claimed in item 1, page 1. Enter total here
5. Subtract line 4 from line 3. Enter difference here $

**Lines 6, 7, and 8 should be filled in ONLY by a single person or a married person making a separate return**

6. Use the tax rates shown in Instructions to figure your tentative tax on amount shown in line 5 (if line 3, above, includes partially tax-exempt interest, see Instructions). Enter the tentative tax here $
7. If line 6 is (a) not over $400, enter 17% of amount on line 6 (b) over $400 but not over $100,000, enter $68 plus 12% of the excess over $400 (c) over $100,000, enter $12,020 plus 9.75% of the excess over $100,000
8. Subtract line 7 from line 6. Enter the difference here. This is your combined normal tax and surtax $

**Lines 9 to 13 should be filled in ONLY if this is a joint return of husband and wife**

9. Enter here one-half of amount on line 5, above $
10. Use the tax rates shown in Instructions to figure your tentative tax on amount shown in line 9 (if line 3, above, includes partially tax-exempt interest, see Instructions). Enter the tentative tax here $
11. If line 10 is (a) not over $400, enter 17% of amount on line 10 (b) over $400 but not over $100,000, enter $68 plus 12% of the excess over $400 (c) over $100,000, enter $12,020 plus 9.75% of the excess over $100,000
12. Subtract line 11 from line 10. Enter the difference here $
13. Multiply amount on line 12 by 2. Enter this tax here. This is your combined normal tax and surtax $
14. If alternative tax computation is made on separate Schedule D, enter here tax from line 12 on back of Schedule D $

**If you used the standard deduction in line 2, disregard lines 15, 16, and 17, and copy on line 18 the same figure you entered on line 8, 13, or 14, whichever is applicable**

15. Enter here any income tax payments to a foreign country or U. S. possession (attach Form 1116) $
16. Enter here any income tax paid at source on tax-free covenant bond interest
17. Add the figures on lines 15 and 16 and enter the total here $
18. Subtract line 17 from line 8, 13, or 14, whichever is applicable. Enter difference here and in item 7, page 1. This is your tax $

**If you use this table, tear off this page and file only pages 1 and 2**

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# 1949 TAX TABLE
## FOR PERSONS WITH INCOMES UNDER $5,000 NOT COMPUTING TAX ON PAGE 3

Read down the shaded columns below until you find the line covering the total income you entered in item 6, page 1. Then read across to the column headed by the number corresponding to the number of exemptions claimed in item 1, page 1. Enter the tax you find there in item 7, page 1.

| If total income in item 6, page 1, is— | | And the number of exemptions claimed in item 1, page 1, is— | | | |
|---|---|---|---|---|---|
| At least | But less than | 1 | 2 | 3 | 4 or more |
| | | Your tax is— | | | |
| $0 | $675 | $0 | $0 | $0 | $0 |
| 675 | 700 | 3 | 0 | 0 | 0 |
| 700 | 725 | 7 | 0 | 0 | 0 |
| 725 | 750 | 11 | 0 | 0 | 0 |
| 750 | 775 | 14 | 0 | 0 | 0 |
| 775 | 800 | 18 | 0 | 0 | 0 |
| 800 | 825 | 22 | 0 | 0 | 0 |
| 825 | 850 | 26 | 0 | 0 | 0 |
| 850 | 875 | 29 | 0 | 0 | 0 |
| 875 | 900 | 33 | 0 | 0 | 0 |
| 900 | 925 | 37 | 0 | 0 | 0 |
| 925 | 950 | 40 | 0 | 0 | 0 |
| 950 | 975 | 44 | 0 | 0 | 0 |
| 975 | 1,000 | 48 | 0 | 0 | 0 |
| 1,000 | 1,025 | 52 | 0 | 0 | 0 |
| 1,025 | 1,050 | 55 | 0 | 0 | 0 |
| 1,050 | 1,075 | 59 | 0 | 0 | 0 |
| 1,075 | 1,100 | 63 | 0 | 0 | 0 |
| 1,100 | 1,125 | 67 | 0 | 0 | 0 |
| 1,125 | 1,150 | 70 | 0 | 0 | 0 |
| 1,150 | 1,175 | 74 | 0 | 0 | 0 |
| 1,175 | 1,200 | 78 | 0 | 0 | 0 |
| 1,200 | 1,225 | 82 | 0 | 0 | 0 |
| 1,225 | 1,250 | 85 | 0 | 0 | 0 |
| 1,250 | 1,275 | 89 | 0 | 0 | 0 |
| 1,275 | 1,300 | 93 | 0 | 0 | 0 |
| 1,300 | 1,325 | 96 | 0 | 0 | 0 |
| 1,325 | 1,350 | 100 | 1 | 0 | 0 |
| 1,350 | 1,375 | 104 | 4 | 0 | 0 |
| 1,375 | 1,400 | 108 | 8 | 0 | 0 |
| 1,400 | 1,425 | 111 | 12 | 0 | 0 |
| 1,425 | 1,450 | 115 | 16 | 0 | 0 |
| 1,450 | 1,475 | 119 | 19 | 0 | 0 |
| 1,475 | 1,500 | 123 | 23 | 0 | 0 |
| 1,500 | 1,525 | 126 | 27 | 0 | 0 |
| 1,525 | 1,550 | 130 | 31 | 0 | 0 |
| 1,550 | 1,575 | 134 | 34 | 0 | 0 |
| 1,575 | 1,600 | 138 | 38 | 0 | 0 |
| 1,600 | 1,625 | 141 | 42 | 0 | 0 |
| 1,625 | 1,650 | 145 | 45 | 0 | 0 |
| 1,650 | 1,675 | 149 | 49 | 0 | 0 |
| 1,675 | 1,700 | 153 | 53 | 0 | 0 |
| 1,700 | 1,725 | 156 | 57 | 0 | 0 |
| 1,725 | 1,750 | 160 | 60 | 0 | 0 |
| 1,750 | 1,775 | 164 | 64 | 0 | 0 |
| 1,775 | 1,800 | 167 | 68 | 0 | 0 |
| 1,800 | 1,825 | 171 | 72 | 0 | 0 |
| 1,825 | 1,850 | 175 | 75 | 0 | 0 |
| 1,850 | 1,875 | 179 | 79 | 0 | 0 |
| 1,875 | 1,900 | 182 | 83 | 0 | 0 |
| 1,900 | 1,925 | 186 | 87 | 0 | 0 |
| 1,925 | 1,950 | 190 | 90 | 0 | 0 |
| 1,950 | 1,975 | 194 | 94 | 0 | 0 |
| 1,975 | 2,000 | 197 | 98 | 0 | 0 |
| 2,000 | 2,025 | 201 | 101 | 2 | 0 |
| 2,025 | 2,050 | 205 | 105 | 6 | 0 |
| 2,050 | 2,075 | 209 | 109 | 9 | 0 |
| 2,075 | 2,100 | 212 | 113 | 13 | 0 |
| 2,100 | 2,125 | 216 | 116 | 17 | 0 |
| 2,125 | 2,150 | 220 | 120 | 21 | 0 |
| 2,150 | 2,175 | 223 | 124 | 24 | 0 |
| 2,175 | 2,200 | 227 | 128 | 28 | 0 |
| 2,200 | 2,225 | 231 | 131 | 32 | 0 |
| 2,225 | 2,250 | 235 | 135 | 35 | 0 |
| 2,250 | 2,275 | 238 | 139 | 39 | 0 |
| 2,275 | 2,300 | 242 | 143 | 43 | 0 |
| 2,300 | 2,325 | 246 | 146 | 47 | 0 |

| If total income in item 6, page 1, is— | | And the number of exemptions claimed in item 1, page 1, is— | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 2 | | 3 | | | | | | |
| At least | But less than | 1 | And you are single or a married person filing separately | And you are a married couple filing jointly | And you are single or a married person filing separately | And you are a married couple filing jointly | 4 | 5 | 6 | 7 | 8 or more |
| | | Your tax is— | | | | | | | | | |
| $2,325 | $2,350 | $250 | $150 | $150 | $50 | $50 | $0 | $0 | $0 | $0 | $0 |
| 2,350 | 2,375 | 253 | 154 | 154 | 54 | 54 | 0 | 0 | 0 | 0 | 0 |
| 2,375 | 2,400 | 257 | 157 | 157 | 58 | 58 | 0 | 0 | 0 | 0 | 0 |
| 2,400 | 2,425 | 261 | 161 | 161 | 62 | 62 | 0 | 0 | 0 | 0 | 0 |
| 2,425 | 2,450 | 265 | 165 | 165 | 65 | 65 | 0 | 0 | 0 | 0 | 0 |
| 2,450 | 2,475 | 268 | 169 | 169 | 69 | 69 | 0 | 0 | 0 | 0 | 0 |
| 2,475 | 2,500 | 272 | 172 | 172 | 73 | 73 | 0 | 0 | 0 | 0 | 0 |
| 2,500 | 2,525 | 276 | 176 | 176 | 77 | 77 | 0 | 0 | 0 | 0 | 0 |
| 2,525 | 2,550 | 280 | 180 | 180 | 80 | 80 | 0 | 0 | 0 | 0 | 0 |
| 2,550 | 2,575 | 283 | 184 | 184 | 84 | 84 | 0 | 0 | 0 | 0 | 0 |
| 2,575 | 2,600 | 287 | 187 | 187 | 88 | 88 | 0 | 0 | 0 | 0 | 0 |
| 2,600 | 2,625 | 291 | 191 | 191 | 92 | 92 | 0 | 0 | 0 | 0 | 0 |
| 2,625 | 2,650 | 294 | 195 | 195 | 95 | 95 | 0 | 0 | 0 | 0 | 0 |
| 2,650 | 2,675 | 298 | 199 | 199 | 99 | 99 | 0 | 0 | 0 | 0 | 0 |
| 2,675 | 2,700 | 302 | 202 | 202 | 103 | 103 | 3 | 0 | 0 | 0 | 0 |
| 2,700 | 2,725 | 306 | 206 | 206 | 106 | 106 | 7 | 0 | 0 | 0 | 0 |
| 2,725 | 2,750 | 309 | 210 | 210 | 110 | 110 | 11 | 0 | 0 | 0 | 0 |
| 2,750 | 2,775 | 313 | 214 | 214 | 114 | 114 | 14 | 0 | 0 | 0 | 0 |
| 2,775 | 2,800 | 317 | 217 | 217 | 118 | 118 | 18 | 0 | 0 | 0 | 0 |
| 2,800 | 2,825 | 321 | 221 | 221 | 121 | 121 | 22 | 0 | 0 | 0 | 0 |
| 2,825 | 2,850 | 324 | 225 | 225 | 125 | 125 | 26 | 0 | 0 | 0 | 0 |
| 2,850 | 2,875 | 328 | 228 | 228 | 129 | 129 | 29 | 0 | 0 | 0 | 0 |
| 2,875 | 2,900 | 332 | 232 | 232 | 133 | 133 | 33 | 0 | 0 | 0 | 0 |
| 2,900 | 2,925 | 336 | 236 | 236 | 136 | 136 | 37 | 0 | 0 | 0 | 0 |
| 2,925 | 2,950 | 340 | 240 | 240 | 140 | 140 | 40 | 0 | 0 | 0 | 0 |
| 2,950 | 2,975 | 345 | 243 | 243 | 144 | 144 | 44 | 0 | 0 | 0 | 0 |
| 2,975 | 3,000 | 349 | 247 | 247 | 148 | 148 | 48 | 0 | 0 | 0 | 0 |
| 3,000 | 3,050 | 356 | 253 | 253 | 153 | 153 | 54 | 0 | 0 | 0 | 0 |
| 3,050 | 3,100 | 364 | 260 | 260 | 161 | 161 | 61 | 0 | 0 | 0 | 0 |
| 3,100 | 3,150 | 373 | 268 | 268 | 168 | 168 | 68 | 0 | 0 | 0 | 0 |
| 3,150 | 3,200 | 382 | 275 | 275 | 176 | 176 | 76 | 0 | 0 | 0 | 0 |
| 3,200 | 3,250 | 391 | 283 | 283 | 183 | 183 | 83 | 0 | 0 | 0 | 0 |
| 3,250 | 3,300 | 399 | 290 | 290 | 190 | 190 | 91 | 0 | 0 | 0 | 0 |
| 3,300 | 3,350 | 408 | 298 | 298 | 198 | 198 | 98 | 0 | 0 | 0 | 0 |
| 3,350 | 3,400 | 417 | 305 | 305 | 205 | 205 | 106 | 6 | 0 | 0 | 0 |
| 3,400 | 3,450 | 425 | 312 | 312 | 213 | 213 | 113 | 14 | 0 | 0 | 0 |
| 3,450 | 3,500 | 434 | 320 | 320 | 220 | 220 | 121 | 21 | 0 | 0 | 0 |
| 3,500 | 3,550 | 443 | 327 | 327 | 228 | 228 | 128 | 29 | 0 | 0 | 0 |
| 3,550 | 3,600 | 452 | 335 | 335 | 235 | 235 | 136 | 36 | 0 | 0 | 0 |
| 3,600 | 3,650 | 460 | 344 | 342 | 243 | 243 | 143 | 44 | 0 | 0 | 0 |
| 3,650 | 3,700 | 469 | 353 | 350 | 250 | 250 | 151 | 51 | 0 | 0 | 0 |
| 3,700 | 3,750 | 478 | 362 | 357 | 258 | 258 | 158 | 59 | 0 | 0 | 0 |
| 3,750 | 3,800 | 486 | 370 | 365 | 265 | 265 | 166 | 66 | 0 | 0 | 0 |
| 3,800 | 3,850 | 495 | 379 | 372 | 273 | 273 | 173 | 73 | 0 | 0 | 0 |
| 3,850 | 3,900 | 504 | 388 | 380 | 280 | 280 | 181 | 81 | 0 | 0 | 0 |
| 3,900 | 3,950 | 513 | 396 | 387 | 288 | 288 | 188 | 88 | 0 | 0 | 0 |
| 3,950 | 4,000 | 521 | 405 | 395 | 295 | 295 | 195 | 96 | 0 | 0 | 0 |
| 4,000 | 4,050 | 530 | 414 | 402 | 303 | 303 | 203 | 103 | 4 | 0 | 0 |
| 4,050 | 4,100 | 539 | 423 | 410 | 310 | 310 | 210 | 111 | 11 | 0 | 0 |
| 4,100 | 4,150 | 547 | 431 | 417 | 317 | 317 | 218 | 118 | 19 | 0 | 0 |
| 4,150 | 4,200 | 556 | 440 | 425 | 325 | 325 | 225 | 126 | 26 | 0 | 0 |
| 4,200 | 4,250 | 565 | 449 | 432 | 332 | 332 | 233 | 133 | 34 | 0 | 0 |
| 4,250 | 4,300 | 574 | 457 | 439 | 341 | 340 | 240 | 141 | 41 | 0 | 0 |
| 4,300 | 4,350 | 582 | 466 | 447 | 350 | 347 | 248 | 148 | 49 | 0 | 0 |
| 4,350 | 4,400 | 591 | 475 | 454 | 359 | 355 | 255 | 156 | 56 | 0 | 0 |
| 4,400 | 4,450 | 600 | 483 | 462 | 367 | 362 | 263 | 163 | 63 | 0 | 0 |
| 4,450 | 4,500 | 608 | 492 | 469 | 376 | 370 | 270 | 171 | 71 | 0 | 0 |
| 4,500 | 4,550 | 617 | 501 | 477 | 385 | 377 | 278 | 178 | 78 | 0 | 0 |
| 4,550 | 4,600 | 626 | 510 | 484 | 393 | 385 | 285 | 186 | 86 | 0 | 0 |
| 4,600 | 4,650 | 635 | 518 | 492 | 402 | 392 | 293 | 193 | 93 | 0 | 0 |
| 4,650 | 4,700 | 643 | 527 | 499 | 411 | 400 | 300 | 200 | 101 | 1 | 0 |
| 4,700 | 4,750 | 652 | 536 | 507 | 420 | 407 | 308 | 208 | 108 | 9 | 0 |
| 4,750 | 4,800 | 661 | 544 | 514 | 428 | 415 | 315 | 215 | 116 | 16 | 0 |
| 4,800 | 4,850 | 669 | 553 | 522 | 437 | 422 | 322 | 223 | 123 | 24 | 0 |
| 4,850 | 4,900 | 678 | 562 | 529 | 446 | 430 | 330 | 230 | 131 | 31 | 0 |
| 4,900 | 4,950 | 687 | 571 | 537 | 454 | 437 | 337 | 238 | 138 | 39 | 0 |
| 4,950 | 5,000 | 695 | 579 | 544 | 463 | 444 | 345 | 245 | 146 | 46 | 0 |

U. S. GOVERNMENT PRINTING OFFICE 16—52983-3

Mare Island, Vallejo, California

22 December 1953

LCDR. D. L. Gadberry, MSC USN
COM SER PAC Staff, Box 26
c/o Fleet Post Office
San Francisco, California

Dear CDR. Gadberry:

I have just been struck a low blow. My leading Chief, D. F. Briner, has hit the #1 spot for John Olson to transfer, so I've had to nominate him.

He is an excellent clerical man and has done a highly efficient job for me here in Personnel Records.

One of our young MSC Officers, LT(jg) Wm. H. Jones, just received orders to recommission the HANCOCK. Of course he would be more than delighted to have Chief Briner.

Briner's wife, incidentally, is a certified school teacher and is presently teaching in one of the Vallejo schools. He, naturally, would prefer a spot where she can continue. However, if this is not possible, the HANCOCK would suit him fine.

Bill Breathwit and I would prefer he remain here, but since the wheels go 'round, we are trying to place him in a position where his outstanding ability as an HMC can be utilized.

May I take this opportunity, along with Bill, to wish you a happy Holiday Season.

Sincerely,

BYRON C. RAYBOURN
LT MSC USN

CITY CLUB
WAUKEGAN ILLINOIS, U.S.A.

# CITY CLUB BREEZE

February 8, 1968

Programs:

2/13/68 - Bill Swanson; noted National Football League official. Highlights on the 1967 Super Bowl.

2/20/68 - David Briner of the Illinois Chapter of the Survivors of Pearl Harbor - "A Day of Infamy; December 7, 1941".

2/27/68 - Robert A. Milton, Lake County Republican Chairman, and Robert A. Haubrich, Lake County Democratic Chairman - "The Coming Political Fray".

Welcome to Joseph Staver, Chicago Title and Trust Company, and Paul Svendsen, D.P.S., Inc. New Members of City Club.

Birth Certificate

# UNITED STATES ARMED FORCES INSTITUTE

MADISON 3, WISCONSIN

This is to certify that

David F. Briner HMC 291 72 26

successfully completed USAFI Course H 158

Biology I

on 18 August 1952

Glenn L. McConagha

Glenn L. McConagha
Director

USAFI Form No A-5
Rev 3-50 APS StL 1494-2

**INSTRUCTIONS:** Evaluation should *not* be based upon general impressions; it should be based upon actual, observed performance. The mark given in one trait should not influence the mark given in another trait. Men can be expected to vary in strength from one trait to another. Complete and careful observation should support a mark in each one of the sixteen listed traits.

The following is a step by step procedure for using this form:

1. Consider the first trait listed in the left column.
2. Read the descriptive phrases listed to the right of the trait.
3. Decide which of these descriptive phrases best describes the individual.
4. Mark the individual in one of the boxes under the most fitting descriptive phrase.
   a. These boxes run from the least favorable at the left, to the most favorable at the right.
5. Repeat this same procedure for each of the listed traits, keeping in mind that each trait should be considered separately, and that the mark in one trait should not influence the mark in another trait. Also keep in mind that the majority of personnel can be expected to fit into the middle or average category.
6. Now in the space indicated in the lower half of the back page, make a brief comment describing any general impressions you have of the individual; indicate the degree to which you feel the individual is qualified for officer status; indicate your recommendation regarding reenlistment. If this recommendation is negative, include reasons in comments. If the individual has outstanding ability in some technical specialty so state and identify the specialty.

| | |
|---|---|
| QUALIFICATIONS FOR OFFICER STATUS<br>☐ **NONE** ☐ **FAIR** ☐ **GOOD** ☐ **EXCELLENT** ☒ **OUTSTANDING** | RECOMMENDED FOR PROMOTION TO<br>☐ **CPO** ☐ **WO** ☒ **LDO** |

COMMENTS (*Do not leave blank*)

This HMC is an outstanding clerical technician, his work is well planned and he has demonstrated his ability to organize the functions of a record office to a high degree of efficiency. He is extremely energetic, loyal, dependable and possess the necessary qualifications for promotion to officer status.

**RECOMMENDED FOR REENLISTMENT** ☒ **YES** ☐ **NO**

| | |
|---|---|
| RELATION OF REPORTING OFFICER<br>Division Officer | SIGNATURE, RANK AND FILE NUMBER OF REPORTING OFFICER<br>James E. Thompson<br>James E. Thompson, LTJG, MSC, USN, 202345 |

U. S. GOVERNMENT PRINTING OFFICE 16—60865-1

REPORT PERS—6-71

**CHIEF AND FIRST CLASS PETTY OFFICER**
**EVALUATION SHEET**

NAVPERS-1339 (NEW 12-49)

| PERIOD OF OBSERVATION COVERED | EXPIRATION OF ENLISTMENT | SHIP OR STATION |
|---|---|---|
| 9-6-49 TO 7-15-50 | 16 June 1953 | NavGov't Unit, Tutuila, American Samoa |

| | | | | | |
|---|---|---|---|---|---|
| ABILITY TO UNDERSTAND INSTRUCTIONS | Cannot seem to follow instructions, no matter how simple. | Understands only simple instructions. Gropes along when in doubt. | Grasps main points of most instructions. Hesitates to ask for clarification. | Correctly interprets rather difficult instructions. Asks questions when in doubt. | Understands all instructions, needs no help.<br>✓ |
| ABILITY TO SOLVE PROBLEMS | Cannot solve problems. Avoids all problems. | Solves simple problems. Stumped by routine problems. | Solves everyday problems rapidly. Solves a few of the more difficult problems. | Solves most problems, and often solves very difficult problems. | Solves any problem rapidly.<br>✓ |
| ABILITY TO PLAN AND ORGANIZE WORK | Work shows no organization or planning. | Can think of only one job at a time. | With occasional help in planning, work is orderly. | Work is generally well-arranged and usually good planning is shown. | All work is well-planned and organized.<br>✓ |
| INDUSTRY | Lazy, hides out, "gold bricker", clock watcher. | Often loafs on the job or wastes time, occasionally ducks out or avoids extra work. | Usually on the job, does his share, resents doing other's work. | Does more than his share, works hard, a plugger. | Extremely energetic, tireless, efficiently enthusiastic, full of pep.<br>✓ |
| RELIABILITY; INCLUDING RESPONSIBILITY | Utterly unreliable, usually in some trouble. | Needs to be watched, often gets out of line. | Means well, but requires guidance. | Steady; usually dependable, conscientious. | Completely reliable, needs no supervision.<br>✓ |
| | | | | | |
| BASIC TECHNICAL KNOWLEDGE AND BACKGROUND | Requires continued assistance. Entirely overrated. | Deficiency makes present duties difficult. | Sufficient to perform satisfactorily in his present rate. | More than sufficient for present rate, ready for advancement. | Has more than enough to serve as L. D. O. or W. O.<br>✓ |
| ABILITY TO APPLY TECHNICAL KNOWLEDGE | Never uses what technical knowledge he has. | Often misses a chance to put his technical knowledge into use. | Uses technical knowledge only in routine situations. | Makes good use of general principles in most situations. | Makes maximum use of technical knowledge in all situations.<br>✓ |
| EFFORT TO INCREASE BOTH KNOWLEDGE AND TECHNICAL ABILITY | Does not care, or try to improve. | Misses many chances to learn. | Accepts but does not seek opportunities to learn. | Alert to any opportunity to improve. | Eager to improve. Always seeking more knowledge.<br>✓ |
| | | | | | |
| HUMAN UNDERSTANDING | Just cannot get along with people. | Doesn't understand a lot of his associates, not very well liked. | Gets along with most people. | Understands people, very considerate, and gets along well. | Shows keen understanding of fellow men. Is liked by everyone.<br>✓ |
| ABILITY TO PROPERLY DELEGATE RESPONSIBILITY AND AUTHORITY | Never delegates responsibility or authority properly. | Needs assistance in delegating responsibility and authority. | Delegates responsibility and authority with limited effectiveness. | Makes good use of personnel, effectively delegates responsibility and authority. | Always delegates authority and responsibility most effectively.<br>✓ |
| INITIATIVE | Requires detailed orders and supervision. Shortsighted. | Seldom has an idea. Always looks to supervisor for guidance. | Makes occasional suggestions. Works out own details. | Submits numerous ideas for approval. Acts in an emergency without instructions. | Originates well thought out ideas, goes ahead on his own, exhibits foresight.<br>✓ |
| TEACHING OR INSTRUCTIONAL ABILITY | Bores and confuses everyone. | Occasionally confusing, creates little interest, lacks background. | Generally interesting but unable to simplify complex material. | Interesting, good presentation, well informed. | Creates high interest; presents material very clearly; has thorough knowledge of material.<br>✓ |
| ABILITY TO BUILD OR MAINTAIN HIGH MORALE | Destroys morale, creates confusion and discontent. | Allows spirit to fall off. Men gripe and disregard his instructions. | Can maintain but seldom raises morale, men follow willingly. | Develops a good "team" feeling, generates enthusiasm. | Inspires highest morale, is an outstanding all-round leader.<br>✓ |
| EXEMPLARY CONDUCT | Leads others into trouble, a continual disciplinary problem. | Often in trouble, a poor example but not a "ring leader". | Seldom in trouble, minor difficulties only. | Sets a good example, observes regulations, maintains good record. | Sets an excellent example of conduct for all men.<br>✓ |
| PERSEVERANCE | Readily abandons or evades any but the most simple jobs. | Sticks to a difficult task only under compulsion. | Ordinarily patient and persistent, discouraged by tough problems. | Determined, seldom distracted. | Never gives up, regardless of difficulty or complexity of assignment.<br>✓ |
| MILITARY APPEARANCE | Sloppy, unkempt, slouches. | Wears uniform improperly, nonregulation, careless posture. | Presents good appearance on *scheduled* inspections. | Clean cut, neat, good posture. | Wears uniform with great pride, fine military bearing.<br>✓ |

| NAME (*Last*) | (*First*) | (*Middle*) | RATE AND RATING | SERVICE NO. |
|---|---|---|---|---|
| BRINER, | David | F. | HMC | 291 72 26 |

16—60865-1

wcc

**Rhode Island College of Education**
**ADMISSION CARD**

Date 11 April 1960

Name Mr. ~~Miss~~ ~~Mrs.~~ BRINER, DAVID FRANCIS
Last First Middle

Cert. No. N/A

Address 57 BEACON St., Middletown, R.I.
Street City Zone

Graduate of Shields High School Seymour, Indiana Date May 1936

Teaching:
School N/A Grade Subject N/A

Course No. Ed 405 Name: Educational Psychology

Credit for: Sem. Hours 3 Grade B

Certificate ☐
Ed. B. ☐
Ed. M. ☐
Off-Campus Course ☒

PAID APR 28 1960

Nicholas Logothets

Professor ~~Nicholas Logothets~~
(Signature)

## REGISTRATION PROCEDURE

1. Fill out an ADMISSION CARD for EACH course selected.
2. Complete REGISTRAR'S CARD and BURSAR'S CARD. List course or courses on the Registrar's and Bursar's Cards. Detach and mail all cards to Registrar.

# United States Armed Forces Institute

☆ ☆ ☆

*This is to Certify that*

**BRINER, David F., HMC, # 291 72 26**

*has successfully completed Course No.* H97

Review of Grammar

LTJG, USN ~~XXXXXXXXXXXXXXXX~~
Officer in Charge

J. V. BEWICK *Commandant*
By direction.

*An official agency of the War and Navy Departments*

16—37682-1

NOTE.—This Certificate is for your personal record. If you wish to have your accomplishment in this course considered by a civilian school for credit, obtain from the Institute the application form entitled "Request for Report of Educational Achievement." On your request the United States Armed Forces Institute, Madison, Wisconsin, will assemble information based on examinations, descriptions of your military training and military jobs, and other pertinent facts, for the purpose of sending to your school a comprehensive report of your educational accomplishment while in service.

16—37682-1 GPO

NATIONAL MILITARY ESTABLISHMENT
UNITED STATES OF AMERICA

UNITED STATES ARMED FORCES INSTITUTE
MADISON 3, WISCONSIN

6 Feb 1950

This is to certify that

David F. Briner HMC 291 72 26

has successfully completed Course No. H 75

Business Correspondence

Glenn L. McConaghy
Glenn L. McConagha
Educational Director

J J O'Donnell
J. J. O'Donnell
Captain, USN
Commandant

USAFI Form No. A-5 (Acc)
Revised 20 July 1949

# UNITED STATES ARMED FORCES INSTITUTE
## MADISON 3, WISCONSIN

IN REPLY REFER TO: AFIE-U 352.12

SUBJECT: USAFI MILITARY TEST REPORT

COPY SENT TO:
C O
US NAVAL HOSP
MARE ISLAND
VALLEJO CALIF
ATTN I&E OFFICER

8 18 1952

COPY SENT TO:
BUREAU OF NAVAL
PERSONNEL

TO:
DAVID F BRINER HMC
291 72 26
US NAVAL HOSP STAFF
MARE ISLAND
VALLEJO CALIF

1. This is a military test report for a USAFI test completed by you. Copies have been forwarded as follows:
Army and Air Force Personnel: Your Commanding Officer and your I and E Officer.
Naval Personnel: Your Commanding Officer and the Bureau of Naval Personnel.
Marine Corps Personnel: Your Commanding Officer and headquarters Marine Corps.

2. Information pertaining to this USAFI test report will be found on the reverse side of this form. For further information concerning USAFI courses or tests consult the USAFI Catalog.

Glenn L. McConaghan

GLENN L. McCONAGHA
DIRECTOR

## MILITARY TEST REPORT

GED HIGH SCHOOL LEVEL TEST

| DATE TEST COMPLETED | | TEST #1 | | TEST #2 | | TEST #3 | | TEST #4 | | TEST #5 | | | ACHIEVEMENT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MO. | YR. | STD. SCORE | U. S. PCT'L | STD. SCORE | U. S. PCT'L | STD. SCORE | U. S. PCT'L | STD. SCORE | U. S. PCT'L | STD. SCORE | U. S. PCT'L | | S-SATISFACTORY<br>U-UNSATISFACTORY<br>I-INCOMPLETE BATTERY |
| | | | | | | | | | | | | | |

GED COLLEGE LEVEL TEST

| DATE TEST COMPLETED | | TEST #1 | | | TEST #2 | | | TEST #3 | | | TEST #4 | | | ACHIEVEMENT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MO. | YR. | STD. SCORE | U. S. PCT'L | | STD. SCORE | U. S. PCT'L | | STD. SCORE | U. S. PCT'L | | STD. SCORE | U. S. PCT'L | | INDICATION OF S-SATISFACTORY OR U-UNSATISFACTORY FOLLOWS EACH TEST SCORE |
| | | | | | | | | | | | | | | |

| DATE TEST COMPLETED | | END OF COURSE TEST | | | | PROFICIENCY RATING |
|---|---|---|---|---|---|---|
| MO. | YR. | TEST TITLE AND NUMBER | | | | D-WITH DISTINCTION<br>S-SATISFACTORY<br>U-UNSATISFACTORY |
| 8 | 52 | BIOLOGY 1 | H158 | | D | |

| DATE TEST COMPLETED | | SUBJECT EXAMINATION | | | ACHIEVEMENT |
|---|---|---|---|---|---|
| MO. | YR. | TEST TITLE AND NUMBER | | | S-SATISFACTORY<br>U-UNSATISFACTORY |
| | | | | | |

| DATE TEST COMPLETED | | OTHER TESTS | | | ACHIEVEMENT |
|---|---|---|---|---|---|
| MO. | YR. | TEST TITLE AND NUMBER | | | S-SATISFACTORY<br>U-UNSATISFACTORY |
| | | EDUCATIONAL QUALIFICATION TEST 2CX | | | |

☐ USAFI FORM A-1
REVISED 1 SEPT. 1951

DEFENSE DEPT. — MOORE BUSINESS FORMS, INC., NIAGARA FALLS, N. Y.

EXAMINEE'S ORIGINAL COPY

## I. USAFI GENERAL EDUCATIONAL DEVELOPMENT TESTS

a. The high school battery consists of five comprehensive tests.

1. Correctness and Effectiveness of Expression
2. Interpretation of Reading Materials in the Social Studies
3. Interpretation of Reading Materials in the Natural Sciences
4. Interpretation of Literary Materials
5. General Mathematical Ability

The college battery consists of four comprehensive tests.

1. Correctness and Effectiveness of Expression
2. Interpretation of Reading Materials in the Social Studies
3. Interpretation of Reading Materials in the Natural Sciences
4. Interpretation of Literary Materials

b. USAFI is authorized to forward official high school and college level GED test reports to civilian schools only after examinees have reached a minimum age of 20, unless a specific request is made to this activity by the examinee's school, college, or state department of education. A request should clearly state the name and address of the school or agency to which the official report is to be sent, the examinee's date of birth, and approximate date test was taken.

c. Incomplete test results of the high school level GED test will not be reported to schools or agencies.

d. Reports of individual college level GED tests will be forwarded to schools or agencies upon request.

e. An interpretation of test scores achieved on the high school or college level GED test may be obtained from an Information and Education Officer or the agency which requested the testing. Since there are different standards of achievement required by the military and by civilian accrediting agencies, the examinee should be familiar with those requirements which pertain to his case.

f. Information concerning GED retesting policies may be obtained from an Information and Education Officer, the USAFI Catalog, or the nearest USAFI organization.

## II. USAFI END-OF-COURSE TESTS

a. An official test report will be forwarded to a civilian school or agency upon request.

b. Information concerning end-of-course retesting policies may be obtained from an Information and Education Officer, the USAFI Catalog, or the nearest USAFI organization.

## III. USAFI SUBJECT EXAMINATIONS

a. An official test report will be forwarded to a civilian school or agency upon request.

b. Information concerning retesting policies for subject examinations may be obtained from an Information and Education Officer, the USAFI Catalog, or the nearest USAFI organization.

## IV. USAFI EDUCATIONAL QUALIFICATION TEST 2CX

a. Results of this test will not be reported to civilian educational institutions or agencies.

DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
WASHINGTON 25, D. C.

IN REPLY REFER TO
Ser 23147
MCI-545-bjt
20 MAR 1959

From: Commandant of the Marine Corps
To: David F. BRINER 291 72 26 HMC USN
Via: (1) Officer in Charge, United States Naval Correspondence Course Center, Naval Supply Depot, Scotia 2, New York
(2) Inspector-Instructor, 1st 155mm Howitzer Battery, United States Marine Corps Reserve, Marine Corps Reserve Training Center, Marine Barracks, United States Naval Base, Newport, Rhode Island

Subj: Completion of the Marine Corps Institute Course: General Mathematics, 99.2

Encl: (1) Certificate

1. I am pleased to forward the enclosed certificate in recognition of your successful completion of the subject named course.

2. Your enrollment and active participation in the Marine Corps Institute Correspondence Course Program is evidence of your desire to improve your military proficiency and increase your professional qualifications. Please accept my congratulations.

R. McC. PATE

W. R. Waltz

---

NCCC/0311/CMF:es
1500/1
MAR 30 1959

FIRST ENDORSEMENT

**From:** Officer in Charge, U.S. Naval Correspondence Course Center, Scotia 2, N. Y.
**To:** David F. BRINER 291 72 26 HMC USN
**Via:** Inspector-Instructor, 1st 155mm Howitzer Battery, United States Marine Corps Reserve, Marine Corps Reserve Training Center, Marine Barracks, United States Naval Base, Newport, Rhode Island

**1. Forwarded with congratulations.**

Fred P. McDaniel
**FRED P. MC DANIEL**

# UNOFFICIAL MILITARY TEST REPORT

(~~Subject Examination~~)

USAFI, Hawaii

APO 958

DATE TEST COMPLETED

10 June 1950

RAW SCORE

GENERAL PROFICIENCY RATING (81)

Satisfactory

LEVEL

BRINER, David F., HMC, # 291 72 26
(NAME OF EXAMINEE)

has completed H97, Review of Grammar
USAFI ~~SUBJECT EXAMINATION~~
End of Course Test

C. E. DAUGHITY, LTJG, USN
OFFICER IN CHARGE, ~~NAVY UNIT~~

COMMANDANT

RATING SCALE: Satisfactory, Unsatisfactory

This form constitutes a military report for information and/or record purposes. United States Armed Forces Institute, Madison, Wisconsin, is the only agency authorized to issue official reports of courses completed with USAFI, or results of USAFI tests to schools, colleges, employers, and other agencies. Students desiring such official reports to be forwarded for credit or employment purposes should write direct to United States Armed Forces Institute, Madison 3, Wisconsin, indicating by name and address the school or employer to which the reports should be sent.

GP -USAFI 13
26 Oct 49

PH-11-1-49-2M-1-5299

3ND-NCCC-1C

TELEPHONE MAIN 5-4500

U. S. NAVAL CORRESPONDENCE COURSE CENTER
BUILDING "RF"
U. S. NAVAL BASE
BROOKLYN 1. NEW YORK

IN REPLY REFER TO:
NCCC/P11-1/00
CST:vl
22 April 53

From: Officer in Charge

To: David F. BRINER, 291 72 26, HMC, USN

VIA: Commanding Officer
US Naval Hospital
Mare Island
Vallejo, Calif.

Subj: Correspondence Course Navy Regulations
NavPers 10740-A ; completion of

1. In recognition of having furthered your proficiency in the armed forces by the successful completion of the subject correspondence course on 3-21-53 with a mark of 3.83, the U.S. Naval Correspondence Course Center, on behalf of the Chief of Naval Personnel, takes pleasure in transmitting this Letter of Satisfactory Completion.

2. A copy of this letter will be placed on file in your official record.

C. S. TAYLOR

Copy to:
BupPers (Pers )

FOR INSERTION
IN INDIVIDUAL'S RECORD

JHS:lib
P11-3
24 Feb 1959

FIRST ENDORSEMENT on OinC USN Correspondence Course Center ltr NCCC-031-9:LM dtd 17Feb59

From: Inspector-Instructor, 1st 155mm Howitzer Battery USMCR
To: DAVID F. BRINER 291 72 26, HMC, USN

Subj: Correspondence Course; satisfactory completion of

1. Delivered with congratulations.

J H Strandquist
J. H. STRANDQUIST

PRNC-NNMC-192

DEPARTMENT OF THE NAVY · NATIONAL NAVAL MEDICAL CENTER

U. S. NAVAL MEDICAL SCHOOL
NATIONAL NAVAL MEDICAL CENTER
BETHESDA 14, MARYLAND

IN REPLY REFER TO

NC-43-23-sj
~~P11-1/18/2~~ 1550/19/2
Serial C- 5804
27 July 1959

From: Commanding Officer, U. S. Naval Medical School

To: David Francis BRINER, 291 72 26 HMC USN

Via: Commanding Officer
Marine Corps Reserve Training Center
Marine Barracks, Naval Base
Newport, Rhode Island

Subj: Correspondence Course in INSECT AND RODENT CONTROL
NavPers 10705-A ; completion of

1. In recognition of your having furthered your proficiency in the Armed Forces by the successful completion of the subject correspondence course on 16 July 1959 with a mark of 4.0 , the Commanding Officer, U. S. Naval Medical School, National Naval Medical Center, on behalf of the Chief of Naval Personnel, takes pleasure in transmitting this Letter of Satisfactory Completion.

2. A copy of this letter will be placed on file in your official record.

L. J. POPE

G R Saraniero
N G. R. SARANIERO
By direction

Copy to: E3
BuPers (Pers ~~E221) (If USN Officer)~~
BuMed ~~(Code 34)~~
C. O.,
File

JHS:lib
1500
30 July 1959

FIRST ENDORSEMENT on CO, USN Medical School ltr ser C-5804
dtd 27 July 1959

From: Inspector-Instructor, 1st 155mm Howitzer Battery USMCR
To: David Francis BRINER 291 72 26, HMC, USN

Subj: Correspondence Course in Insect and Rodent Control, NavPers 10705-A, completion of

1. Delivered with congratulations.

J H Strandquist

J. H. STRANDQUIST

JHS:lib
1500
30 July 1959

FIRST ENDORSEMENT on CO, USN Medical School ltr ser C-5804
dtd 27 July 1959

From: Inspector-Instructor, 1st 155mm Howitzer Battery USMCR
To: David Francis BRINER 291 72 26, HMC, USN

Subj: Correspondence Course in Insect and Rodent Control,
NavPers 10705-A, completion of

1. Delivered with congratulations.

J. H. STRANDQUIST

P10
JHS:lib
4 Dec58

FIRST ENDORSEMENT on USN Correspondence Course Center ltr
NCCC-031-9:LM dtd 2Dec58

From: Inspector-Instructor, 1st 155mm Howitzer Battery USMCR
To: HMC David F. BRINER 291 72 26 USN

Subj: Correspondence Course; satisfactory completion of

1. Delivered with congratulations.

J H Strandquist
J. H. STRANDQUIST

FRanklin 7-2271

3ND-NCCC-9 (REV. 7-57)

U. S. NAVAL CORRESPONDENCE COURSE CENTER
U. S. NAVAL SUPPLY DEPOT
SCOTIA 2, N. Y.

IN REPLY REFER TO:
NCCC-031-9:
(REV. 7-57) LM

2 DEC 58

From: Officer in Charge

To: DAVID F. BRINER, 291 72 26, HMC, USN

Via: COMMANDING OFFICER
1ST 155MM HOWITZER BATTERY USMCR
MARINE CORPS RESERVE TRAINING CENTER
MB, NB
NEWPORT, R I

Subj: Correspondence Course; satisfactory completion of

1. In recognition of having furthered your proficiency in the Armed Forces by the successful completion of subject course, the U. S. Naval Correspondence Course Center, on behalf of the Chief of Naval Personnel, takes pleasure in transmitting this letter of satisfactory completion.

2. The following course was completed as indicated:

Course HANDBOOK FOR HOSPITAL CORPSMAN 1
NavPers 91670-1
Date 28 OCT 58
Grade 3.6
Points*

---

**BELOW INFORMATION REQUIRED FOR RESERVE PERSONNEL ONLY**

3. The retirement points indicated above will be prorated in accordance with the dates the assignments were completed as shown below: (Retirement points are not credited for assignments completed while on active duty)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.

Fred P. McDaniel

Copy to:

FRED P. MC DANIEL

* Retirement points for **reserve personnel** qualified to receive such credit under existing laws and directives.

JHS:lib
1500
13 January 1960

FIRST ENDORSEMENT on OIC USN Correspondence Course Center
Scotia,NY ltr PMB dtd 11Jan60

From: Inspector-Instructor, 1st 155mm Howitzer Battery USMCR
To: David F. BRINER 291 72 26, HMC, USN

Subj: Correspondence Course, Atomic Warfare Defense, 91210; satisfactory completion of

1. Delivered with congratulations.

J. H. Strandquist

J. H. STRANDQUIST

FRanklin 7-2271

3ND-NCCC-9 (REV. 7-57)

U. S. NAVAL CORRESPONDENCE COURSE CENTER
U. S. NAVAL SUPPLY DEPOT
SCOTIA 2, N. Y.

IN REPLY REFER TO: PMB
NCCC-031-9:
(REV. 7-57)

11 JAN 60

From: Officer in Charge

To: DAVID F. BRINER, 291 72 26, HMC, USN

Via: INSPECTOR-INSTRUCTOR
1ST 155 MM HOW/BTRY USMCR
MCRTC, MB, NB,
NEWPORT, R. I.

Subj: Correspondence Course; satisfactory completion of

1. In recognition of having furthered your proficiency in the Armed Forces by the successful completion of subject course, the U. S. Naval Correspondence Course Center, on behalf of the Chief of Naval Personnel, takes pleasure in transmitting this letter of satisfactory completion.

2. The following course was completed as indicated:

| | |
|---|---|
| Course | ATOMIC WARFARE DEFENSE |
| NavPers | 91210 |
| Date | 10 DEC 59 |
| Grade | 3.5 |
| Points* | |

---

**BELOW INFORMATION REQUIRED FOR RESERVE PERSONNEL ONLY**

3. The retirement points indicated above will be prorated in accordance with the dates the assignments were completed as shown below: (Retirement points are not credited for assignments completed while on active duty)

1.
2.
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14.
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16.

Fred P McDaniel

Copy to:

FRED P. MC DANIEL

* Retirement points for **reserve personnel** qualified to receive such credit under existing laws and directives.

JHS:lib
1500
13 January 1960

FIRST ENDORSEMENT on OIC USN Correspondence Course Center,
Scotia, NY ltr PMC dtd 11Jan60

From: Inspector-Instructor, 1st 155mm Howitzer Battery USMCR
To: David F. BRINER 291 72 26, HMC, USN

Subj: Correspondence Course, Chemical & Biological Warfare Defense, 91211-B; satisfactory completion of

1. Delivered with congratulations.

JH Strandquist

J. H. STRANDQUIST

FRanklin 7-2271

3ND-NCCC-9 (REV. 7-57)

U. S. NAVAL CORRESPONDENCE COURSE CENTER
U. S. NAVAL SUPPLY DEPOT
SCOTIA 2, N. Y.

IN REPLY REFER TO: PMB
NCCC-031-9:
(REV. 7-57)

11 JAN 60

From: Officer in Charge

To: DAVID F. BRINER, 291 72 26, HMC, USN

Via: INSPECTOR-INSTRUCTOR
1ST 155 MM HOW/BTRY USMCR
MCRTC, MB, NB
NEWPORT, R. I.

Subj: Correspondence Course; satisfactory completion of

1. In recognition of having furthered your proficiency in the Armed Forces by the successful completion of subject course, the U. S. Naval Correspondence Course Center, on behalf of the Chief of Naval Personnel, takes pleasure in transmitting this letter of satisfactory completion.

2. The following course was completed as indicated:

Course CHEMICAL & BIOLOGICAL WARFARE DEFENSE
NavPers 91211-B
Date 2 NOV 59
Grade 3.9
Points*

---

**BELOW INFORMATION REQUIRED FOR RESERVE PERSONNEL ONLY**

3. The retirement points indicated above will be prorated in accordance with the dates the assignments were completed as shown below: (Retirement points are not credited for assignments completed while on active duty)

1.
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16.

Copy to:

Fred P. McDaniel
FRED P. MC DANIEL

* Retirement points for **reserve personnel** qualified to receive such credit under existing laws and directives.

PRNC-NNMC-192

U. S. NAVAL MEDICAL SCHOOL
NATIONAL NAVAL MEDICAL CENTER
BETHESDA 14, MARYLAND

IN REPLY REFER TO
NC-43-23- mt
~~P11-1/18/2~~ 1550/2
Serial C- 4243
3 August 1960

From: Commanding Officer, U. S. Naval Medical School

To: David Francis **BRINER**, 291 72 26 HMC USN

Via: Commanding Officer
First 155mm Howitzer Battery, USMCR
Marine Corps Reserve Training Center
Marine Barracks, Naval Base
Newport, Rhode Island

Subj: Correspondence Course in HOSPITAL FOOD SERVICE MANAGEMENT
NavPers 10767 ; completion of

1. In recognition of your having furthered your proficiency in the Armed Forces by the successful completion of the subject correspondence course on 29 July 1960 with a mark of 3.95 , the Commanding Officer, U. S. Naval Medical School, National Naval Medical Center, on behalf of the Chief of Naval Personnel, takes pleasure in transmitting this Letter of Satisfactory Completion.

2. A copy of this letter will be placed on file in your official record.

M. W. ARNOLD
GRSaraniero
G. R. SARANIERO
By direction

Copy to: E3
BuPers (Pers ~~E221) (If USN Officer~~)
BuMed (Code 34)
~~C. O.~~
File

**U. S. NAVAL CORRESPONDENCE COURSE CENTER**
**SCOTIA 2, N. Y.**

IN REPLY REFER TO
NCCC-031-1C: MSS
4-59
28 OCT 60

From: Officer in Charge

To: DAVID F. BRINER, 291 72 26, HMC, USN

VIA: INSPECTOR-INSTRUCTOR
1ST 155MM HOW/BTRY USMCR
MCRTC, M&N BASE
NEWPORT, R. I.

Subj: Correspondence Course; satisfactory completion of

1. In recognition of having furthered your proficiency in the Armed Forces by the successful completion of subject course, the U. S. Naval Correspondence Course Center, on behalf of the Chief of Naval Personnel, takes pleasure in transmitting this letter of satisfactory completion.

2. The following course was completed as indicated:

| | |
|---|---|
| Course | INDUSTRIAL RELATIONS |
| NavPers | 10733-2 |
| Date | 10/11/60 |
| Grade | 3.9 |

A. W. Halwachs
A. W. HALWACHS

Copy to:
BuPers (Pers E-~~221)~~ 3)

NOTE FOR NAVAL OFFICERS: Deliver extra copy to your Commanding Officer for insertion in your Officer Service Record (NavPers 3021). A copy of this letter has been forwarded to the Bureau of Naval Personnel (Pers E 221) for insertion in your official service record.

RELEASE FROM ACTIVE DUTY AND TRANSFER TO INACTIVE DUTY IN FLEET RESERVE
CLASS F-6 (WITHOUT TRAVEL)
IND-NSNPT-261 (2-60) (1916)

DATE PREPARED 5 JUNE 1961

FROM
Commanding Officer, U.S. Naval Station, Newport, R. I.

TO
BRINER, DAVID FRANCIS, 291 72 26, HMC, USN

REFERENCE (a) BUPERS MANUAL ART C-13408
(b) BUPERS LTR PERS-E314-LS:hsl of 10 MAY 1960

STATED HOME ADDRESS
222 NORTH UTICA STREET, WAUKEGAN, ILLINOIS

| YOUR COMMANDING OFFICER SUBSEQUENT TO THIS DATE | HIS ADDRESS IS |
|---|---|
| Commandant, 9TH Naval District | GREAT LAKES, ILLINOIS |

1. Examined and found physically qualified for release to inactive duty.

| DATE | MEDICAL OFFICER |
|---|---|
| | |

2. Detached. Proceed to your home. You will regard yourself as released from all active duty effective at 2400 on the below date, at which time you are transferred to inactive duty in class listed below, Fleet Reserve.

| EFFECTIVE DATE OF RELEASE | CLASS *(Fleet Reserve)* |
|---|---|
| 16 JUNE 1961 | F-6 |

3. Your "present address", the place at which you may be reached at any time by orders or other official communications will be as stated above. You may change your "present address" at any time but such change shall be reported promptly by letter to your commanding officer and to the Bureau of Supplies and Accounts, Field Branch (Special Payments Division), Cleveland 15, Ohio, in order that your retainer pay checks and official communications to you may not be delayed. Such notification shall include the same information prescribed in the following paragraph and, in addition, your old address as well as your new address.

4. On the basis of the "present address" set forth above, your commanding officer will be as shown above. Your service record will be maintained by that command and any questions regarding your status in the Fleet Reserve should be addressed to him and should include your full name, rate, service number, Fleet Reserve Class and "present address".

5. You will keep yourself in readiness to respond to orders to active duty in time of war or national emergency. You are advised that in time of peace you may be required to perform not more than 2 months active duty in each 4-year period. While on inactive duty you will be examined physically at least once during each 4-year period. Inform your commanding officer of any change in health which might prevent active service in time of war. You shall promptly answer all official correspondence addressed to you as such and shall comply with instructions contained therein. While on inactive duty you are subject at all times to the laws, regulations, and orders for the government of the Navy.

6. Permission to leave the United States for periods in excess of 30 days in time of war must be requested from the Chief of Naval Personnel, Department of the Navy, Washington 25, D. C., via your commanding officer. In time of peace, such permission must be requested from your commanding officer. You may not, however, visit belligerent countries at any time without prior approval of the Chief of Naval Personnel.

7. Permission to reside outside the United States or its territories or possessions for periods in excess of 6 months must also be requested from the Chief of Naval Personnel. Such requests must be submitted via your commanding officer and, if approved, permission to so reside will be for a period of 1 year only but may be renewed, upon request submitted prior to the expiration of the period for which previously granted, at the discretion of the Chief of Naval Personnel.

8. According to your service record, you were ordered to active duty from:

VALLEJO, CALIFORNIA

and your home of record at that time was:

WAUKEGAN, ILLINOIS

M.E. SADLER, CHSHIPCLK, USN
SEPARATION OFFICER
BY DIRECTION OF THE C. O.

| | | | |
|---|---|---|---|
| COPIED TO:<br>SERVICE RECORD (1)<br>BUPERS (1)<br>DISBURSING OFFICER (2)<br>MEDICAL OFFICER (2) | *I certify that I have selected as my home upon transfer to the Fleet Reserve the following named place:* | NAME OF PLACE | |
| | | ARRIVAL DATE | SIGNATURE *(Fleet Reservist)* |

CERTIFIED A TRUE COPY
M E Sadler
M. E. SADLER, CHSHIPCLK, USN

STANDARD TRANSFER ORDER

# ORIGINAL ORDERS

NAVPERS-563/NAVCOMPT FORM 536 (REV. 9-56)

No. 546-61

NAME AND LOCATION OF TRANSFERRING SHIP OR STATION 1st 155mm HOWITZER BATTERY USMCR MARINE CORPS RESERVE TRAINING CENTER, MB, NB, NEWPORT, RI

DATE PREPARED 10 MAY 61

AUTHORITY
BUPERS PERS-E314-LS:hsl dtd 10 MAY 60.

| | NAME IN FULL | SERVICE NO. | RATE AND NAVY JOB CODE NO. | CLASS | SR | HR | PR | PE |
|---|---|---|---|---|---|---|---|---|
| 1 | BRINER, David Francis | 291 72 26 | HMC (0000) | USN | 1 | 1 | 1 | 1 |
| 2 | AND | SECNAVFIND NOT REQUIRED | | | | | | |
| 3 | NO | PCS: A98911-000 | | | | | | |
| 4 | OTHERS | | | | | | | |
| 5 | | | | | | | | |

PROCEED AS DIRECTED AND REPORT TO THE FOLLOWING STATIONS IN THE ORDER NAMED

INTERMEDIATE STATION NONE

INTERMEDIATE STATION NONE

ULTIMATE DESTINATION COMMANDING OFFICER, U.S. NAVAL STATION, NEWPORT, RHODE ISLAND

NATURE OF DUTY PENDING TRANSFER TO FLEET RESERVE

DELAY AUTHORIZED (Counted as leave) NUMBER OF DAYS: NONE

TRAVEL/PROCEED TIME AUTHORIZED NUMBER OF DAYS: NONE

REPORT NOT LATER THAN DATE: 5 JUNE 1961 HOUR: 2400

ADDRESS WHILE ON LEAVE
NOT APPLICABLE

SUPPLEMENTAL INSTRUCTIONS FOR INTERMEDIATE REPORTING (Authenticating signature must follow each instruction)

APPROPRIATION CHARGEABLE AND APPLICABLE ACCOUNTING DATA FOR TRAVELING AND PER DIEM EXPENSES INCURRED

TRAVCHARG APPN 1711453.2218 051 22/31600.170

THE FOLLOWING TRANSPORTATION IS AUTHORIZED (State and license number)

☒ INDIVIDUAL ☐ GROUP ☐ BY PRIVATELY OWNED VEHICLE N.A. ☐ TAKE CHARGE OF ______ MEN PER ATTACHED LIST NO. ______ DATED ______

TRAVEL INDICATED IS DIRECTED

| | | | | |
|---|---|---|---|---|
| ☐ GOV'T. AIRCRAFT (Where available) | ☐ COMMERCIAL | PRIORITY N.A. | FROM N.A. | TO N.A. |

DISBURSING OFFICER IS HEREBY AUTHORIZED AND DIRECTED TO FURNISH SUCH TRANSPORTATION/SUBSISTENCE AS MAY BE REQUIRED IN THE EXECUTION OF THESE ORDERS.

## *INSTRUCTIONS TO PERSONNEL*

*1. Your records and accounts as indicated above are handed you herewith for safe delivery to your new commanding officer. Your personal effects are in your possession, if so indicated above. If any records, accounts, or effects are missing, a statement must be attached hereto, explaining the circumstances in detail. It is your responsibility to report to your new station with the above records and personal effects.*

*2. Personnel under orders, including authorized delay, are considered to be attached to the ultimate destination or the next designated intermediate station as the case may be. If unable to contact these activities, in cases of emergency, contact the nearest known Naval Activity. If the ship to which you are ordered is not in port, report to the nearest Receiving Station or Naval Activity.*

*3. In case of illness or accident, notify the nearest known Naval Activity immediately and request instructions.*

*4. If leave is granted, you are responsible for receiving any communications forwarded to the address above. If leave is cancelled, you must return immediately.*

*5. The contents of these orders and the whereabouts of ships and personnel must not be divulged to unauthorized persons.*

*6. A copy of these orders is being mailed direct to the ultimate destination shown above.*

*7. Cooperate with Shore Patrol and armed services police at all times. Misconduct will be cause for disciplinary action. You are subject to the orders of your superior officers in all branches of the armed forces.*

TRANSFER CODE NO. MCRTC, NPT/
050800-546/JUN 61/sms

AUTHENTICATING SIGNATURE
W D Bollinger
W. "D" BOLLINGER, MAJOR, USMC

RANK INSPECTOR- TITLE INSTRUCTOR

I HAVE READ AND UNDERSTAND THESE ORDERS AND INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED.

SIGNATURE OF TRAVELER OR SENIOR IN CHARGE
David F. Briner
David Francis BRINER

ENDORSEMENTS

ORIGINAL ORDERS

NAVPERS 563/NAVCOMPT FORM 536 (REVERSE) (REV. 9-56)

| T. R. NO. | NUMBER PERSONS | CLASS OF TRANSPORTATION | FROM | TO |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |

| MEAL TICKET NUMBERS | NUMBER FURNISHED | MAXIMUM VALUE | SIGNATURE OF ISSUING OFFICER |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |

**TRAVEL SCHEDULE**

| LEAVE (Name of city) | DATE AND HOUR | ARRIVE (Name of city) | DATE AND HOUR |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**INTERMEDIATE REPORTING**

| STATION: |  | QTRS* | SUBS* | AUTHENTICATED BY (Signature, rank and title) |
|---|---|---|---|---|
| REPORTED (Date and hour) | DEPARTED (Date and hour) |  |  |  |
| STATION: |  |  |  | AUTHENTICATED BY (Signature, rank and title) |
| REPORTED (Date and hour) | DEPARTED (Date and hour) |  |  |  |
| STATION: |  |  |  | AUTHENTICATED BY (Signature, rank and title) |
| REPORTED (Date and hour) | DEPARTED (Date and hour) |  |  |  |

*Insert "Yes" or "No," in columns provided, to indicate whether or not Government quarters/subsistence were available.*

**ULTIMATE DESTINATION REPORTING**

*When completed, a copy of this order shall be forwarded by the receiving activity to the Bureau of Personnel (Pers-B-33) indicating receipt of man and records, or listing discrepancies.*

| CASH SPENT |  |  | CASH GIVEN D. O. AT DESTINATION | UNUSED TR'S (Attach) | UNUSED MMT'S (Attach) |
|---|---|---|---|---|---|
| MEALS | TRANSFERS | QUARTERS |  |  |  |

UNUSED TICKETS (Attach)

POINTS BETWEEN WHICH TICKETS NOT USED AND REASON

NAMES OF MEN REMOVED FROM DRAFT AND POINTS OF REMOVAL

REMARKS (Delays, complaints about service, etc. In the event of train delay, show exact hour of arrival.)

SIGNATURE OF TRAVELER OR SENIOR IN CHARGE

RATE

| NUMBER REPORTING | DATE AND HOUR OF ARRIVAL | COMMANDING OFFICER TO WHOM REPORTING (Signature, rank, title) |
|---|---|---|
|  | JUN 5 - 1961 1035 | M. E. SADLER, CHSHIPCLK, USN<br>SEPARATIONS OFFICER<br>BY DIRECTION OF THE C.O. |
| DESTINATION: |  |  |

U. S. GOVERNMENT PRINTING OFFICE: 1958 O—478992

ENDORSEMENTS

SEPARATION CENTER
U. S. NAVAL STATION
NEWPORT, RHODE ISLAND

RELEASE FROM ACTIVE DUTY AND TRANSFER TO INACTIVE DUTY IN FLEET RESERVE
CLASS F-6 (WITHOUT TRAVEL)
IND-BSHPT-261 (2-60) (1916)

PREPARED
DATE 5 JUNE 1961

FROM
Commanding Officer, U.S. Naval Station, Newport, R. I.

TO
BRINER, DAVID FRANCIS, 291 72 26, HMC, USN

REFERENCE (a) BUPERS MANUAL ART C-13408
(b) BUPERS LTR PERS-B314-LS:hsl of 10 MAY 1960

STATED HOME ADDRESS
222 NORTH UTICA STREET, WAUKEGAN, ILLINOIS

| | |
|---|---|
| YOUR COMMANDING OFFICER SUBSEQUENT TO THIS DATE<br>Commandant, 9TH Naval District | HIS ADDRESS IS<br>GREAT LAKES, ILLINOIS |

1. Examined and found physically qualified for release to inactive duty.

| | |
|---|---|
| DATE | MEDICAL OFFICER |

2. Detached. Proceed to your home. You will regard yourself as released from all active duty effective at 2400 on the below date, at which time you are transferred to inactive duty in class listed below, Fleet Reserve.

| | |
|---|---|
| EFFECTIVE DATE OF RELEASE<br>16 JUNE 1961 | CLASS *(Fleet Reserve)*<br>F-6 |

3. Your "present address", the place at which you may be reached at any time by orders or other official communications will be as stated above. You may change your "present address" at any time but such change shall be reported promptly by letter to your commanding officer and to the Bureau of Supplies and Accounts, Field Branch (Special Payments Division), Cleveland 15, Ohio, in order that your retainer pay checks and official communications to you may not be delayed. Such notification shall include the same information prescribed in the following paragraph and, in addition, your old address as well as your new address.

4. On the basis of the "present address" set forth above, your commanding officer will be as shown above. Your service record will be maintained by that command and any questions regarding your status in the Fleet Reserve should be addressed to him and should include your full name, rate, service number, Fleet Reserve Class and "present address".

5. You will keep yourself in readiness to respond to orders to active duty in time of war or national emergency. You are advised that in time of peace you may be required to perform not more than 2 months active duty in each 4-year period. While on inactive duty you will be examined physically at least once during each 4-year period. Inform your commanding officer of any change in health which might prevent active service in time of war. You shall promptly answer all official correspondence addressed to you as such and shall comply with instructions contained therein. While on inactive duty you are subject at all times to the laws, regulations, and orders for the government of the Navy.

6. Permission to leave the United States for periods in excess of 30 days in time of war must be requested from the Chief of Naval Personnel, Department of the Navy, Washington 25, D. C., via your commanding officer. In time of peace, such permission must be requested from your commanding officer. You may not, however, visit belligerent countries at any time without prior approval of the Chief of Naval Personnel.

7. Permission to reside outside the United States or its territories or possessions for periods in excess of 6 months must also be requested from the Chief of Naval Personnel. Such requests must be submitted via your commanding officer and, if approved, permission to so reside will be for a period of 1 year only but may be renewed, upon request submitted prior to the expiration of the period for which previously granted, at the discretion of the Chief of Naval Personnel.

8. According to your service record, you were ordered to active duty from:

VALLEJO, CALIFORNIA

and your home of record at that time was:

WAUKEGAN, ILLINOIS

M.E. SADLER, CHSHIPCLK, USN
SEPARATION OFFICER
BY DIRECTION OF THE C. O.

| | | | |
|---|---|---|---|
| COPIES TO:<br>SERVICE RECORD (1)<br>BUPERS (1)<br>DISBURSING OFFICER (2)<br>MEDICAL OFFICER (2) | *I certify that I have selected as my home upon transfer to the Fleet Reserve the following named place:* | NAME OF PLACE | |
| | | ARRIVAL DATE | SIGNATURE *(Fleet Reservist)* |

CERTIFIED A TRUE COPY
M E Sadler
M. E. SADLER, CHSHIPCLK, USN

RELEASE FROM ACTIVE DUTY AND TRANSFER TO INACTIVE DUTY IN FLEET RESERVE
CLASS F-6 (WITHOUT TRAVEL)
IND-NSHPT-261 (2-60) (1916)

PREPARED
DATE 5 JUNE 1961

FROM
Commanding Officer, U.S. Naval Station, Newport, R. I.

TO
BRINER, DAVID FRANCIS, 291 72 26, HMC, USN

REFERENCE (a) BUPERS MANUAL ART C-13408
(b) BUPERS LTR PERS-E314-LS:hsl of 10 MAY 1960

STATED HOME ADDRESS
222 NORTH UTICA STREET, WAUKEGAN, ILLINOIS

YOUR COMMANDING OFFICER SUBSEQUENT TO THIS DATE
Commandant, 9TH Naval District

HIS ADDRESS IS
GREAT LAKES, ILLINOIS

1. Examined and found physically qualified for release to inactive duty.

DATE

MEDICAL OFFICER

2. Detached. Proceed to your home. You will regard yourself as released from all active duty effective at 2400 on the below date, at which time you are transferred to inactive duty in class listed below, Fleet Reserve.

EFFECTIVE DATE OF RELEASE
16 JUNE 1961

CLASS (*Fleet Reserve*)
F-6

3. Your "present address", the place at which you may be reached at any time by orders or other official communications will be as stated above. You may change your "present address" at any time but such change shall be reported promptly by letter to your commanding officer and to the Bureau of Supplies and Accounts, Field Branch (Special Payments Division), Cleveland 15, Ohio, in order that your retainer pay checks and official communications to you may not be delayed. Such notification shall include the same information prescribed in the following paragraph and, in addition, your old address as well as your new address.

4. On the basis of the "present address" set forth above, your commanding officer will be as shown above. Your service record will be maintained by that command and any questions regarding your status in the Fleet Reserve should be addressed to him and should include your full name, rate, service number, Fleet Reserve Class and "present address".

5. You will keep yourself in readiness to respond to orders to active duty in time of war or national emergency. You are advised that in time of peace you may be required to perform not more than 2 months active duty in each 4-year period. While on inactive duty you will be examined physically at least once during each 4-year period. Inform your commanding officer of any change in health which might prevent active service in time of war. You shall promptly answer all official correspondence addressed to you as such and shall comply with instructions contained therein. While on inactive duty you are subject at all times to the laws, regulations, and orders for the government of the Navy.

6. Permission to leave the United States for periods in excess of 30 days in time of war must be requested from the Chief of Naval Personnel, Department of the Navy, Washington 25, D. C., via your commanding officer. In time of peace, such permission must be requested from your commanding officer. You may not, however, visit belligerent countries at any time without prior approval of the Chief of Naval Personnel.

7. Permission to reside outside the United States or its territories or possessions for periods in excess of 6 months must also be requested from the Chief of Naval Personnel. Such requests must be submitted via your commanding officer and, if approved, permission to so reside will be for a period of 1 year only but may be renewed, upon request submitted prior to the expiration of the period for which previously granted, at the discretion of the Chief of Naval Personnel.

8. According to your service record, you were ordered to active duty from:

VALLEJO, CALIFORNIA

and your home of record at that time was:

WAUKEGAN, ILLINOIS

M.E. SADLER, CHSHIPCLK, USN
SEPARATION OFFICER
BY DIRECTION OF THE C. O.

COPIED TO:
SERVICE RECORD (1)
BUPERS (1)
DISBURSING OFFICER (2)
MEDICAL OFFICER (2)

*I certify that I have selected as my home upon transfer to the Fleet Reserve the following named place:*

NAME OF PLACE

ARRIVAL DATE

SIGNATURE (*Fleet Reservist*)

CERTIFIED A TRUE COPY
M. E. SADLER, CHSHIPCLK, USN

Hmc Briner

MARINE BARRACKS, U. S. NAVAL BASE
NEWPORT, RHODE ISLAND

JER/mf
13Jun61

MEMORANDUM

From: Commanding Officer
To: Distribution List

Subj: Retirement Cermonies for HMC David F. BRINER, USN

Encl: (1) Roster of Assignments.

1. Retirement Cermonies will be held at this Barracks on Friday 16 June 1961.

2. Schedule.
1330 - Assembly
1400 - Adjutant's Call

3. Uniform and Equipment.
Blues, undress, "B" (with ribbons and badges) and rifles Staff Noncommissioned Officers assigned billets on Staff of Commanding Officer of Troeps, and Platoon Leaders will carry swords.

4. Rehearsal.
CO of Troops, Staff, Platoon Leaders, Platoon Sergeants and Platoon Guides, and Color Guard at 0930 Thursday 15 June 1961.

5. All available off duty personnel will fall out for this Ceremony.

J R Gemske
J. R. GEMSKE
By direction

Distribution: A
I-I 155HowBn 10

JEG/mf
13Jun61

# SPECIAL ASSIGNMENTS

| | | |
|---|---|---|
| Reviewing Officer | I&C | HMC BRINER |
| Staff | | 1stSgt TUCKER |
| Staff | | GySgt SWITZER |
| Staff | | GySgt TOLLE |
| Staff | | SSgt BLADES |
| Staff | | Sgt SENTER |
| Commanding Officer of Troops | | MSgt WHITAKER |
| Adjutant | | GySgt WINDER |
| Staff | | MSgt CARTER |
| Staff | | Sgt GILL |
| Platoon Leader, 1st Platoon | | SSgt GAGNE |
| Platoon Sergeant, 1st Platoon | | Cpl TAMBURRI |
| Right Guide, 1st Platoon | | Cpl MERULLO |
| Color Guard | | |
| Colors National | | GySgt RYAN |
| Colors Marine Corps | | GySgt FOSS |
| Color Guard | | Sgt CARLILE & Cpl HALL |
| Platoon Leader, 2nd Platoon | | SSgt SMITH |
| Platoon Sergeant, 2nd Platoon | | Cpl KNOX |
| Right Guide, 2nd Platoon | | Cpl MEEKS |

ENCLOSURE (1)

ILLINOIS
STATE
MEDICAL
SOCIETY

*360 north michigan avenue* *chicago, illinois 60601* *phone (312) 782-1654*

March 25, 1964

David F. Briner
2251 Linden Avenue
Waukegan, Illinois

Dear Mr. Briner:

CONGRATULATIONS!

By correctly answering 48 of the 60 questions on the written examination, you have passed the Medical Self Help Training Course to demonstrate real proficiency in meeting medical emergency situations.

As your instructor for the past several months, I am pleased and honored to award you the enclosed Certificate of Recognition.

You have studied long and hard to earn this award and richly deserve it for your fine achievements.

I would like to take this opportunity to remind you that your friends and family may also prepare for medical emergencies by enrolling in Medical Self Help Training group study courses, currently available through their local health department.

I urge your continued support of Medical Self Help by encouraging them to enroll in these courses.

Once again, thank you for taking the time and effort to prepare for medical emergencies.

Sincerely,

Max Klinghoffer

Max Klinghoffer, M. D., Chairman
Disaster Medical Care Committee

MK/pjw
Enc/

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME: BRINER, DAVID FRANCIS

2. SERVICE NUMBER: 291 72 26

3a. GRADE, RATE OR RANK: HMC (E-7)

b. DATE OF RANK (*Day, Month, Year*): 8 NOV 45

4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: NAVY, USN

5. PLACE OF BIRTH (*City and State or Country*): SEYMOUR, INDIANA

6. DATE OF BIRTH: DAY 1 MONTH FEB YEAR 18

7a. RACE: CAU

b. SEX: MALE

c. COLOR HAIR: BROWN

d. COLOR EYES: GREY

e. HEIGHT: 72"

f. WEIGHT: 210

8. U.S. CITIZEN: ☒ YES ☐ NO

9. MARITAL STATUS: MARRIED

10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED: HIGH SCHOOL 04 YRS

b. MAJOR COURSE OR FIELD: GENERAL

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE: TRANSFER TO NAVAL FLEET RESERVE

b. STATION OR INSTALLATION AT WHICH EFFECTED: U.S. NAVAL STATION, NEWPORT, RHODE ISLAND

c. REASON AND AUTHORITY: BUPERS LTR PERS-E314-LS:hsl of 10 MAY 60 "232 TRANSFER TO NAVAL FLEET RESERVE"

d. EFFECTIVE DATE: DAY 16 MONTH JUN YEAR 61

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: 1ST 155MM HOW/BTRY USMCR, MCRTC, MB, NB, NEWPORT, R. I.

13a. CHARACTER OF SERVICE: HONORABLE

b. TYPE OF CERTIFICATE ISSUED: DD217N NAVPERS 632

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER: NONE

15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE: NA

16. DATE INDUCTED: DAY NA MONTH YEAR

17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED: NINTH NAVAL DISTRICT, GREAT LAKES, ILLINOIS

SERVICE DATA

18. TERMINAL DATE OF RESERVE OBLIGATION: DAY MONTH NONE YEAR

19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION

a. SOURCE OF ENTRY: ☐ ENLISTED (*First Enlistment*) ☐ ENLISTED (*Prior Service*) ☒ REENLISTED ☐ OTHER:

b. TERM OF SERVICE (*Years*): *06

c. DATE OF ENTRY: DAY 17 MONTH JUN YEAR 53

20. PRIOR REGULAR ENLISTMENTS: TWO

21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE: HMC

22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (*City and State*): VALLEJO, CALIFORNIA

23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (*Street, RFD, City, County and State*): WAUKEGAN, LAKE, ILLINOIS

| 24. STATEMENT OF SERVICE | | YEARS | MONTHS | DAYS |
|---|---|---|---|---|
| a. CREDITABLE FOR BASIC PAY PURPOSES | (1) NET SERVICE THIS PERIOD | 08 | 00 | 00 |
| | (2) OTHER SERVICE | 12 | 00 | 00 |
| | (3) *TOTAL (Line (1) + line (2)* | 20 | 00 | 00 |
| b. TOTAL ACTIVE SERVICE | | 20 | 00 | 00 |
| c. FOREIGN AND/OR SEA SERVICE | | 00 | 07 | 00 |

25a. SPECIALTY NUMBER AND TITLE: HM-8405/HM-8445

b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER: 1-32.20 PHYSICIAN'S ASSISTANT (medical ser.)

26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: SIXTH GOOD CONDUCT AWARD FOR SERVICE ENDING 16 JUN 59

27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (*Place and date, if known*): NONE

28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

| SCHOOL OR COURSE a | DATES (*From - To*) b | MAJOR COURSES c |
|---|---|---|
| NONE | NA | NA |

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED:
HANDBOOK FOR HM1
HANDBOOK FOR HM1 & CHIEF
MRPO 1&C
MRPO 3&2
**

VA DATA

30a. GOVERNMENT LIFE INSURANCE IN FORCE: ☒ YES ☐ NO

b. AMOUNT OF ALLOTMENT: $4.62

c. MONTH ALLOTMENT DISCONTINUED: NA

31a. VA BENEFITS PREVIOUSLY APPLIED FOR (*Specify type*): NONE

b. VA CLAIM NUMBER: C- NA

32. REMARKS ** PERSONNEL ADMINISTRATION, AMERICAN FEDERAL GOVERNMENT, SPEECH FOR INSTRUCTION, INSECT & RODENT CONTROL, GENERAL MATHEMATICS, COMBAT & FIELD MEDICINE PRACTICE, INDUSTRIAL RELATIONS, HOSPITAL PERSONNEL ADMINISTRATION, TREATMENT OF CHEM WARFARE CASUALTIES, CHEM & BIOLOGICAL WARFARE DEFENSE, ATOMIC WARFARE DEFENSE,

## Record of Naval Service Update Sheet for Navy Log

**Log#** 1D 36546 **Birthdate:** January 31, 1918 but recorded February 1, 1918 in Seymour, Indiana

**Name:** DAVID F. BRINER

**Address:** 2251 Linden Avenue
Waukegan, Il. 60087.

**Duty Stations: ( LIMIT OF 5)** David was also a Pearl Harbor Survivor - stationed at Naval Hosp. Honolulu

1. Cuba
2. American Samoa ( Naval Hospital )
3. Naval Hospital, (Vallejo, Calif)
4. Agana Guam - attached to a Flight Squadron
5. Marine Base - Newport, Rhode Island

**Awards/Decorations: (LIMIT OF 5)**

1. 6
2. 
3. 
4. 
5.

**RETURN MAILING ADDRESS:**
U.S. Navy Memorial Foundation
ATTN: Navy Log Department
701 Pennsylvania Avenue, NW, #123
Washington, D.C. 20004-2608

Record of Naval Service Update Sheet for Navy Log

Log# 1D 36546

Birthdate: January 31, 1918 but recorded February 1, 1918 in Seymour, Indiana

Name: DAVID F. BRINER

Address: 2251 Linden Avenue
Waukegan, Il. 60087.

Duty Stations: ( LIMIT OF 5)

David was also a Pearl Harbor Survivor - stationed at Naval Hosp, Honolulu

1. Cuba
2. American Samoa ( Naval Hospital )
3. Naval Hospital ; (Vallejo, Calif )
4. Agana Guam - attached to a Flight Squadron
5. Marine Base - Newport, Rhode Island

Awards/Decorations: (LIMIT OF 5)

1.

2.

3.

4.

# United States Marine Corps

*This is to certify that*

David F. Briner 291 72 26 HMC USN

*has completed the course prescribed by the*

*Commandant of the Marine Corps for*

The M. C. I. Course: Speech for Instructors, 99.31

*Given at*

## Marine Corps Institute, Washington, D.C.

*this* 11th *day of* April , *19*58

W Chapman

Director, Marine Corps Institute

NAVMC 184-PD (REV. 12-52)

NAVMED HF-33
(REV. [illegible]-46)

for PEACE OF MIND- BUY SAVINGS BONDS

U. S. NAVAL HOSPITAL

MARE ISLAND, VALLEJO, CALIFORNIA

DO NOT ADDRESS THE SIGNER OF THIS LETTER BUT ADDRESS YOUR REPLY TO
COMMANDING OFFICER
U. S. NAVAL HOSPITAL
AND REFER TO NO.

NH15:10.3:te
P15/MM
Serial: 26913
11 Jan 1954

From: Commanding Officer
To: BRINER, David Francis, 291 72 26, HMC(HM-8445-65), USN

Subj: Letter of Commendation

1. The Commanding Officer takes great pleasure in presenting you this letter of commendation.

2. Your duties as a leading Chief Petty Officer assigned to the Administrative Section of this hospital have been carried out in a most exemplary manner. Your keen attention to duty, your ability and capability have been demonstrated in a most favorable manner and have contributed to a high degree to the effective operation of this hospital.

3. A copy of this letter will be made an official part of your Service Record and a copy of this letter will be attached to your next Chief Petty Officer Evaluation Sheet.

T.G. Hays
T.G. HAYS

MARE ISLAND, VALLEJO, CALIFORNIA

NH15:10.3:te
P15/MM
Serial: 26913
11 Jan 1954

From: Commanding Officer
To: BRINER, David Francis, 291 72 26, HMC(HM-8445-65), USN

Subj: Letter of Commendation

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T.G. HAYS

MARE ISLAND, VALLEJO, CALIFORNIA

NH15:10.3:te
P15/MM
Serial: 26913
11 Jan 1954

From: Commanding Officer
To: BRINER, David Francis, 291 72 26, HMC(HM-8445-65), USN

Subj: Letter of Commendation

1. The Commanding Officer takes great pleasure in presenting you this letter of commendation.

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3. A copy of this letter will be made an official part of your Service Record and a copy of this letter will be attached to your next Chief Petty Officer Evaluation Sheet.

T.G. HAYS

*LEGEND: Insert N/A to the items below which are not applicable*

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME: BRINER, DAVID FRANCIS
2. SERVICE NUMBER: 291 72 26
3*a*. GRADE, RATE OR RANK: HMC (E-7)
*b*. DATE OF RANK (*Day, Month, Year*): 8 NOV 45
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: NAVY, USN
5. PLACE OF BIRTH (*City and State or Country*): SEYMOUR, INDIANA
6. DATE OF BIRTH: DAY 1 MONTH FEB YEAR 18
7*a*. RACE: CAU
*b*. SEX: MALE
*c*. COLOR HAIR: BROWN
*d*. COLOR EYES: GREY
*e*. HEIGHT: 72"
*f*. WEIGHT: 210
8. U.S. CITIZEN: ☒ YES ☐ NO
9. MARITAL STATUS: MARRIED
10*a*. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED: HIGH SCHOOL 04 YRS
*b*. MAJOR COURSE OR FIELD: GENERAL

TRANSFER OR DISCHARGE DATA

11*a*. TYPE OF TRANSFER OR DISCHARGE: TRANSFER TO NAVAL FLEET RESERVE
*b*. STATION OR INSTALLATION AT WHICH EFFECTED: U.S. NAVAL STATION, NEWPORT, RHODE ISLAND
*c*. REASON AND AUTHORITY: BUPERS LTR PERS-E314-LS:hsl of 10 MAY 60 "232 TRANSFER TO NAVAL FLEET RESERVE"
*d*. EFFECTIVE DATE: DAY 16 MONTH JUN YEAR 61
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: 1ST 155MM HOW/BTRY USMCR, MCRTC, MB, NB, NEWPORT, R. I.
13*a*. CHARACTER OF SERVICE: HONORABLE
*b*. TYPE OF CERTIFICATE ISSUED: DD217N NAVPERS 632

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER: NONE
15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE: NA
16. DATE INDUCTED: DAY NA MONTH YEAR
17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED: NINTH NAVAL DISTRICT, GREAT LAKES, ILLINOIS

SERVICE DATA

18. TERMINAL DATE OF RESERVE OBLIGATION: DAY MONTH NONE YEAR
19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION
*a*. SOURCE OF ENTRY: ☐ ENLISTED (*First Enlistment*) ☐ ENLISTED (*Prior Service*) ☒ REENLISTED ☐ OTHER:
*b*. TERM OF SERVICE (*Years*): *06
*c*. DATE OF ENTRY: DAY 17 MONTH JUN YEAR 53
20. PRIOR REGULAR ENLISTMENTS: TWO
21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE: HMC.
22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (*City and State*): VALLEJO, CALIFORNIA
23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (*Street, RFD, City, County and State*): WAUKEGAN, LAKE, ILLINOIS

24. STATEMENT OF SERVICE

| | | YEARS | MONTHS | DAYS |
|---|---|---|---|---|
| *a*. CREDITABLE FOR BASIC PAY PURPOSES | (1) NET SERVICE THIS PERIOD | 08 | 00 | 00 |
| | (2) OTHER SERVICE | 12 | 00 | 00 |
| | (3) *TOTAL (Line (1) + line (2)* | 20 | 00 | 00 |
| *b*. TOTAL ACTIVE SERVICE | | 20 | 00 | 00 |
| *c*. FOREIGN AND/OR SEA SERVICE | | 00 | 07 | 00 |

25*a*. SPECIALTY NUMBER AND TITLE: HM-8405/HM-8445
*b*. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER: 1-32.20 PHYSICIAN'S ASSISTANT (medical ser.)
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: SIXTH GOOD CONDUCT AWARD FOR SERVICE ENDING 16 JUN 59
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (*Place and date, if known*): NONE

28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

| SCHOOL OR COURSE *a* | DATES (*From - To*) *b* | MAJOR COURSES *c* |
|---|---|---|
| NONE | NA | NA |

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED:
HANDBOOK FOR HM1
HANDBOOK FOR HM1 & CHIEF
MRPO 1&C
MRPO 3&2
**

VA DATA

30*a*. GOVERNMENT LIFE INSURANCE IN FORCE: ☒ YES ☐ NO
*b*. AMOUNT OF ALLOTMENT: $4.62
*c*. MONTH ALLOTMENT DISCONTINUED: NA
31*a*. VA BENEFITS PREVIOUSLY APPLIED FOR (*Specify type*): NONE
*b*. VA CLAIM NUMBER: C- NA

AUTHENTICATION

32. REMARKS ** PERSONNEL ADMINISTRATION, AMERICAN FEDERAL GOVERNMENT, SPEECH FOR INSTRUCTION, INSECT & RODENT CONTROL, GENERAL MATHEMATICS, COMBAT & FIELD MEDICINE PRACTICE, INDUSTRIAL RELATIONS, HOSPITAL PERSONNEL ADMINISTRATION, TREATMENT OF CHEM WARFARE CASUALTIES, CHEM & BIOLOGICAL WARFARE DEFENSE, ATOMIC WARFARE DEFENSE, HOSPITAL FOOD SERVICE MANAGEMENT,

*EXTENDED ENLISTMENT FOR TWO YEARS ON 16 JUN 59
RECOMMENDED FOR REENLISTMENT
TIME LOST - NONE
EXCESS LEAVE - NONE
NO. DAYS LEAVE PAID - 36

33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (*Street, RFD, City, County and State*): 222 N. UTICA STREET, WAUKEGAN, LAKE, ILLINOIS
34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED: David Francis Briner
35*a*. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: M.E. SADLER, CHSHIPCLK, USN SEP OFF BY DIRECTION OF THE C.O.
*b*. SIGNATURE OF OFFICER AUTHORIZED TO SIGN:

DD FORM 1 NOV 55 214 REPLACES EDITION OF 1 JUL 52 WHICH IS OBSOLETE

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

*LEGEND: Insert N/A to the items below which are not applicable*

**PERSONAL DATA**

1. LAST NAME - FIRST NAME - MIDDLE NAME: BRINER, DAVID FRANCIS
2. SERVICE NUMBER: 291 72 26
3a. GRADE, RATE OR RANK: HMC (E-7)
b. DATE OF RANK (*Day, Month, Year*): 8 NOV 45
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: NAVY, USN
5. PLACE OF BIRTH (*City and State or Country*): SEYMOUR, INDIANA
6. DATE OF BIRTH: DAY 1 MONTH FEB YEAR 18
7a. RACE: CAU
b. SEX: MALE
c. COLOR HAIR: BROWN
d. COLOR EYES: GREY
e. HEIGHT: 72"
f. WEIGHT: 210
8. U.S. CITIZEN: ☒ YES ☐ NO
9. MARITAL STATUS: MARRIED
10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED: HIGH SCHOOL 04 YRS
b. MAJOR COURSE OR FIELD: GENERAL

**TRANSFER OR DISCHARGE DATA**

11a. TYPE OF TRANSFER OR DISCHARGE: TRANSFER TO NAVAL FLEET RESERVE
b. STATION OR INSTALLATION AT WHICH EFFECTED: U.S. NAVAL STATION, NEWPORT, RHODE ISLAND
c. REASON AND AUTHORITY: BUPERS LTR PERS-E314-LS:hsl of 10 MAY 60 "232 TRANSFER TO NAVAL FLEET RESERVE"
d. EFFECTIVE DATE: DAY 16 MONTH JUN YEAR 61
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: 1ST 155MM HOW/BTRY USMCR, MCRTC, MB, NB, NEWPORT, R. I.
13a. CHARACTER OF SERVICE: HONORABLE
b. TYPE OF CERTIFICATE ISSUED: DD217N NAVPERS 632

**SELECTIVE SERVICE DATA**

14. SELECTIVE SERVICE NUMBER: NONE
15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE: NA
16. DATE INDUCTED: DAY NA MONTH YEAR
17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED: NINTH NAVAL DISTRICT, GREAT LAKES, ILLINOIS

**SERVICE DATA**

18. TERMINAL DATE OF RESERVE OBLIGATION: DAY MONTH NONE YEAR
19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION
a. SOURCE OF ENTRY: ☐ ENLISTED (*First Enlistment*) ☐ ENLISTED (*Prior Service*) ☒ REENLISTED ☐ OTHER:
b. TERM OF SERVICE (*Years*): *06
c. DATE OF ENTRY: DAY 17 MONTH JUN YEAR 53
20. PRIOR REGULAR ENLISTMENTS: TWO
21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE: HMC
22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (*City and State*): VALLEJO, CALIFORNIA
23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (*Street, RFD, City, County and State*): WAUKEGAN, LAKE, ILLINOIS

24. STATEMENT OF SERVICE

| | | YEARS | MONTHS | DAYS |
|---|---|---|---|---|
| a. CREDITABLE FOR BASIC PAY PURPOSES | (1) NET SERVICE THIS PERIOD | 08 | 00 | 00 |
| | (2) OTHER SERVICE | 12 | 00 | 00 |
| | (3) *TOTAL (Line (1) + line (2))* | 20 | 00 | 00 |
| b. TOTAL ACTIVE SERVICE | | 20 | 00 | 00 |
| c. FOREIGN AND/OR SEA SERVICE | | 00 | 07 | 00 |

25a. SPECIALTY NUMBER AND TITLE: HM-8405/HM-8445
b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER: 1-32.20 PHYSICIAN'S ASSISTANT (medical ser.)
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: SIXTH GOOD CONDUCT AWARD FOR SERVICE ENDING 16 JUN 59
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (*Place and date, if known*): NONE

28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

| SCHOOL OR COURSE a | DATES (*From - To*) b | MAJOR COURSES c |
|---|---|---|
| NONE | NA | NA |

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED:
HANDBOOK FOR HM1
HANDBOOK FOR HM1 & CHIEF
MRPO 1&C
MRPO 3&2
**

**VA DATA**

30a. GOVERNMENT LIFE INSURANCE IN FORCE: ☒ YES ☐ NO
b. AMOUNT OF ALLOTMENT: $4.62
c. MONTH ALLOTMENT DISCONTINUED: NA
31a. VA BENEFITS PREVIOUSLY APPLIED FOR (*Specify type*): NONE
b. VA CLAIM NUMBER: C- NA

**AUTHENTICATION**

32. REMARKS: ** PERSONNEL ADMINISTRATION, AMERICAN FEDERAL GOVERNMENT, SPEECH FOR INSTRUCTION, INSECT & RODENT CONTROL, GENERAL MATHEMATICS, COMBAT & FIELD MEDICINE PRACTICE, INDUSTRIAL RELATIONS, HOSPITAL PERSONNEL ADMINISTRATION, TREATMENT OF CHEM WARFARE CASUALTIES, CHEM & BIOLOGICAL WARFARE DEFENSE, ATOMIC WARFARE DEFENSE, HOSPITAL FOOD SERVICE MANAGEMENT,

*EXTENDED ENLISTMENT FOR TWO YEARS ON 16 JUN 59
RECOMMENDED FOR REENLISTMENT
TIME LOST - NONE
EXCESS LEAVE - NONE
NO. DAYS LEAVE PAID - 36

33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (*Street, RFD, City, County and State*): 222 N. UTICA STREET, WAUKEGAN, LAKE, ILLINOIS
34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED: David Francis Briner
35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: M. E. SADLER, CHSHIPCLK, USN SEP OFF BY DIRECTION OF THE C.O.
b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN:

DD FORM 1 NOV 55 214 REPLACES EDITION OF 1 JUL 52 WHICH IS OBSOLETE

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

1

In reply address not the signer of this letter, but Bureau of Naval Personnel, Navy Department, Washington 25, D. C.

NAVY DEPARTMENT
BUREAU OF NAVAL PERSONNEL
WASHINGTON 25, D. C.

SCAO AS
P17

for PEACE OF MIND - BUY SAVINGS BONDS

Refer to No.
Pers-~~67~~-UP-12-EB:ckt
P17-2/ 8919
MM 291 72 26

6 October 1948

From: Chief of Naval Personnel.
To: Commanding Officer, U.S. Naval Receiving Station
San Diego, California
Subj: Certificate of Appointment to Pay Grade One.

Ref: (a) Article D-5111, Bureau of Naval Personnel Manual.
(b) CO. ltr NM17/P17-2/jjl,610 Serial RS 3190 of 14 Sep 48

1. Enclosed herewith is the CERTIFICATE OF APPOINTMENT to Pay Grade One

of DAVID FRANCIS BRINER

as CHIEF HOSPITAL CORPSMAN, USN

from 1 OCTOBER 1948.

2. Report change in status and issuance of the certificate on duplicate pages 9x of the man's service record, citing reference (a) and this letter as authority.

3. In the event that you are of the opinion that this man does not possess the necessary qualities of LEADERSHIP, EFFICIENCY and RELIABILITY to hold an Appointment to Pay Grade One, immediately return the Certificate of Appointment to the Chief of Naval Personnel for cancellation, giving reasons for the action taken and a definite recommendation.

~~By direction of the Chief of Naval Personnel,~~

D E Dunn
D. E. DUNN
By direction

Expedite.

*LEGEND: Insert N/A to the items below which are not applicable*

**PERSONAL DATA**

| | | | |
|---|---|---|---|
| 1. LAST NAME - FIRST NAME - MIDDLE NAME<br>BRINER, DAVID FRANCIS | 2. SERVICE NUMBER<br>291 72 26 | 3a. GRADE, RATE OR RANK<br>HMC (E-7) | b. DATE OF RANK (*Day, Month, Year*)<br>8 NOV 45 |

| | | | | | |
|---|---|---|---|---|---|
| 4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS<br>NAVY, USN | 5. PLACE OF BIRTH (*City and State or Country*)<br>SEYMOUR, INDIANA | 6. DATE OF BIRTH | DAY<br>1 | MONTH<br>FEB | YEAR<br>18 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 7a. RACE<br>CAU | b. SEX<br>MALE | c. COLOR HAIR<br>BROWN | d. COLOR EYES<br>GREY | e. HEIGHT<br>72" | f. WEIGHT<br>210 | 8. U.S. CITIZEN<br>☒ YES ☐ NO | 9. MARITAL STATUS<br>MARRIED |

| | |
|---|---|
| 10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED<br>HIGH SCHOOL 04 YRS | b. MAJOR COURSE OR FIELD<br>GENERAL |

**TRANSFER OR DISCHARGE DATA**

| | |
|---|---|
| 11a. TYPE OF TRANSFER OR DISCHARGE<br>TRANSFER TO NAVAL FLEET RESERVE | b. STATION OR INSTALLATION AT WHICH EFFECTED<br>U.S. NAVAL STATION, NEWPORT, RHODE ISLAND |

| | | | | |
|---|---|---|---|---|
| c. REASON AND AUTHORITY BUPERS LTR PERS-E314-LS:hsl of 10 MAY 60<br>"232 TRANSFER TO NAVAL FLEET RESERVE" | d. EFFECTIVE DATE | DAY<br>16 | MONTH<br>JUN | YEAR<br>61 |

| | | |
|---|---|---|
| 12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 1ST 155MM HOW/BTRY<br>USMCR, MCRTC, MB, NB, NEWPORT, R. I. | 13a. CHARACTER OF SERVICE<br>HONORABLE | b. TYPE OF CERTIFICATE ISSUED DD217N<br>NAVPERS 632 |

**SELECTIVE SERVICE DATA**

| | | | | |
|---|---|---|---|---|
| 14. SELECTIVE SERVICE NUMBER<br>NONE | 15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE<br>NA | 16. DATE INDUCTED DAY<br>NA | MONTH | YEAR |

17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED
NINTH NAVAL DISTRICT, GREAT LAKES, ILLINOIS

**SERVICE DATA**

| | | | | | |
|---|---|---|---|---|---|
| 18. TERMINAL DATE OF RESERVE OBLIGATION DAY / MONTH / YEAR<br>NONE | 19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY<br>☐ ENLISTED (*First Enlistment*) ☐ ENLISTED (*Prior Service*) ☒ REENLISTED<br>☐ OTHER: | b. TERM OF SERVICE (*Years*)<br>*06 | c. DATE OF ENTRY DAY<br>17 | MONTH<br>JUN | YEAR<br>53 |

| | | |
|---|---|---|
| 20. PRIOR REGULAR ENLISTMENTS<br>TWO | 21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE<br>HMC | 22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (*City and State*)<br>VALLEJO, CALIFORNIA |

23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (*Street, RFD, City, County and State*)
WAUKEGAN, LAKE, ILLINOIS

25a. SPECIALTY NUMBER AND TITLE
HM-8405/HM-8445

b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER 1-32.20
PHYSICIAN'S ASSISTANT
(medical ser.)

| 24. STATEMENT OF SERVICE | | YEARS | MONTHS | DAYS |
|---|---|---|---|---|
| a. CREDITABLE FOR BASIC PAY PURPOSES | (1) NET SERVICE THIS PERIOD | 08 | 00 | 00 |
| | (2) OTHER SERVICE | 12 | 00 | 00 |
| | (3) *TOTAL* (*Line* (*1*) + *line* (*2*)) | 20 | 00 | 00 |
| b. TOTAL ACTIVE SERVICE | | 20 | 00 | 00 |
| c. FOREIGN AND/OR SEA SERVICE | | 00 | 07 | 00 |

26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED
SIXTH GOOD CONDUCT AWARD FOR SERVICE ENDING 16 JUN 59

27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (*Place and date, if known*)
NONE

| 28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED | | | 29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED |
|---|---|---|---|
| SCHOOL OR COURSE a | DATES (*From - To*) b | MAJOR COURSES c | |
| NONE | NA | NA | HANDBOOK FOR HM1<br>HANDBOOK FOR HM1 & CHIEF<br>MRPO 1&C<br>MRPO 3&2<br>** |

**VA DATA**

| | | |
|---|---|---|
| 30a. GOVERNMENT LIFE INSURANCE IN FORCE<br>☒ YES ☐ NO | b. AMOUNT OF ALLOTMENT<br>$4.62 | c. MONTH ALLOTMENT DISCONTINUED<br>NA |
| 31a. VA BENEFITS PREVIOUSLY APPLIED FOR (*Specify type*)<br>NONE | | b. VA CLAIM NUMBER<br>C- NA |

**AUTHENTICATION**

32. REMARKS ** PERSONNEL ADMINISTRATION, AMERICAN FEDERAL GOVERNMENT, SPEECH FOR INSTRUCTION, INSECT & RODENT CONTROL, GENERAL MATHEMATICS, COMBAT & FIELD MEDICINE PRACTICE, INDUSTRIAL RELATIONS, HOSPITAL PERSONNEL ADMINISTRATION, TREATMENT OF CHEM WARFARE CASUALTIES, CHEM & BIOLOGICAL WARFARE DEFENSE, ATOMIC WARFARE DEFENSE, HOSPITAL FOOD SERVICE MANAGEMENT,

*EXTENDED ENLISTMENT FOR TWO YEARS ON 16 JUN 59

RECOMMENDED FOR REENLISTMENT — TIME LOST - NONE

EXCESS LEAVE - NONE — NO. DAYS LEAVE PAID - 36

| | |
|---|---|
| 33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (*Street, RFD, City, County and State*) 222 N. UTICA STREET,<br>WAUKEGAN, LAKE, ILLINOIS | 34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED<br>David Francis Briner |
| 35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER<br>M E SADLER, CHSHIPCLK, USN SEP OFF<br>BY DIRECTION OF THE C.O. | b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN |

**DD** FORM 1 NOV 55 **214** REPLACES EDITION OF 1 JUL 52 WHICH IS OBSOLETE

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

1

LEGEND: *Insert N/A to the items below which are not applicable*

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME: BRINER, DAVID FRANCIS
2. SERVICE NUMBER: 291 72 26
3a. GRADE, RATE OR RANK: HMC (E-7)
b. DATE OF RANK (*Day, Month, Year*): 8 NOV 45
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: NAVY, USN
5. PLACE OF BIRTH (*City and State or Country*): SEYMOUR, INDIANA
6. DATE OF BIRTH: DAY 1 MONTH FEB YEAR 18
7a. RACE: CAU
b. SEX: MALE
c. COLOR HAIR: BROWN
d. COLOR EYES: GREY
e. HEIGHT: 72"
f. WEIGHT: 210
8. U.S. CITIZEN: ☒ YES ☐ NO
9. MARITAL STATUS: MARRIED
10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED: HIGH SCHOOL 04 YRS
b. MAJOR COURSE OR FIELD: GENERAL

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE: TRANSFER TO NAVAL FLEET RESERVE
b. STATION OR INSTALLATION AT WHICH EFFECTED: U.S. NAVAL STATION, NEWPORT, RHODE ISLAND
c. REASON AND AUTHORITY: BUPERS LTR PERS-E314-LS:hsl of 10 MAY 60 "232 TRANSFER TO NAVAL FLEET RESERVE"
d. EFFECTIVE DATE: DAY 16 MONTH JUN YEAR 61
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: 1ST 155MM HOW/BTRY USMCR, MCRTC, MB, NB, NEWPORT, R. I.
13a. CHARACTER OF SERVICE: HONORABLE
b. TYPE OF CERTIFICATE ISSUED: DD217N NAVPERS 632

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER: NONE
15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE: NA
16. DATE INDUCTED: DAY NA MONTH YEAR
17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED: NINTH NAVAL DISTRICT, GREAT LAKES, ILLINOIS

SERVICE DATA

18. TERMINAL DATE OF RESERVE OBLIGATION: DAY MONTH NONE YEAR
19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION
a. SOURCE OF ENTRY: ☐ ENLISTED (*First Enlistment*) ☐ ENLISTED (*Prior Service*) ☒ REENLISTED ☐ OTHER:
b. TERM OF SERVICE (*Years*): *06
c. DATE OF ENTRY: DAY 17 MONTH JUN YEAR 53
20. PRIOR REGULAR ENLISTMENTS: TWO
21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE: HMC
22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (*City and State*): VALLEJO, CALIFORNIA
23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (*Street, RFD, City, County and State*): WAUKEGAN, LAKE, ILLINOIS

24. STATEMENT OF SERVICE

| | | YEARS | MONTHS | DAYS |
|---|---|---|---|---|
| a. CREDITABLE FOR BASIC PAY PURPOSES | (1) NET SERVICE THIS PERIOD | 08 | 00 | 00 |
| | (2) OTHER SERVICE | 12 | 00 | 00 |
| | (3) TOTAL (*Line (1) + line (2)*) | 20 | 00 | 00 |
| b. TOTAL ACTIVE SERVICE | | 20 | 00 | 00 |
| c. FOREIGN AND/OR SEA SERVICE | | 00 | 07 | 00 |

25a. SPECIALTY NUMBER AND TITLE: HM-8405/HM-8445
b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER: 1-32.20 PHYSICIAN'S ASSISTANT (medical ser.)
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: SIXTH GOOD CONDUCT AWARD FOR SERVICE ENDING 16 JUN 59
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (*Place and date, if known*): NONE

28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

| SCHOOL OR COURSE a | DATES (*From - To*) b | MAJOR COURSES c |
|---|---|---|
| NONE | NA | NA |

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED:
HANDBOOK FOR HM1
HANDBOOK FOR HM1 & CHIEF
MRPO 1&C
MRPO 3&2
**

VA DATA

30a. GOVERNMENT LIFE INSURANCE IN FORCE: ☒ YES ☐ NO
b. AMOUNT OF ALLOTMENT: $4.62
c. MONTH ALLOTMENT DISCONTINUED: NA
31a. VA BENEFITS PREVIOUSLY APPLIED FOR (*Specify type*): NONE
b. VA CLAIM NUMBER: C- NA

AUTHENTICATION

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*EXTENDED ENLISTMENT FOR TWO YEARS ON 16 JUN 59
RECOMMENDED FOR REENLISTMENT
TIME LOST - NONE
EXCESS LEAVE - NONE
NO. DAYS LEAVE PAID - 36

33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (*Street, RFD, City, County and State*): 222 N. UTICA STREET, WAUKEGAN, LAKE, ILLINOIS
34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED: David Francis Briner
35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: M.E. SADLER, CHSHIPCLK, USN SEP OFF BY DIRECTION OF THE C.O.
b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN:

DD FORM 1 NOV 55 214 REPLACES EDITION OF 1 JUL 52 WHICH IS OBSOLETE

ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE

1

**DEPARTMENT OF DEFENSE**
WASHINGTON 25, D. C.

OFFICIAL BUSINESS

POSTAGE AND FEES PAID
NAVY DEPARTMENT

FOR Briner

# *Official Records*

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18

DD-473 (APR-51)

## WELCOME TO DOWNEY

I want to add my congratulation on your appointment to those of Mr. J. S. Gleason, Jr., our Administrator, as expressed in his letter of welcome to you. The folder which you are receiving with your appointment contains many helpful and important items of interest to you as a new employee. Be sure to read it. If you have any questions you should talk with your supervisor. The Personnel Office is also available. It is our hope that you will find a great deal of satisfaction in your work with us and that in your daily work you will feel that you are a member of the hospital team. The treatment of the patients is our prime concern and no matter where you are employed, what you do affects the treatment of our patients.

Sincerely,

W W Bourke
W. W. BOURKE, M.D.
Manager

PERIOD OF ACTIVE DUTY DD-217N

FROM

17 JUNE 1953

TO

16 JUNE 1961

SIGNATURE OF INDIVIDUAL

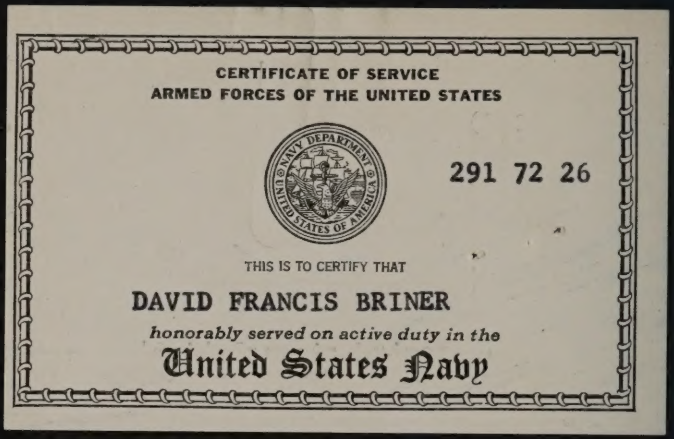
David F. Bittner

SIGNATURE OF CERTIFYING OFFICER (Typed name and grade)

M. E. SADLER, [illegible]PCLK, USN
SEPARATIONS OFFICER
BY DIRECTION OF THE C.O.

GPO
16—59982-2

*If found, drop in mail box. Postmaster: Postage guaranteed.*
*Return to: Chief of Naval Personnel, Washington 25, D. C.*



**CERTIFICATE OF SERVICE**
**ARMED FORCES OF THE UNITED STATES**

291 72 26

THIS IS TO CERTIFY THAT

**DAVID FRANCIS BRINER**

*honorably served on active duty in the*

**United States Navy**

# INTRODUCTION

This handbook was prepared to assist all employees in being better informed on policies, procedures and general information that each employee should know.

From time to time changes will be made and a new chapter will be issued to replace the one that is changed. For your own information we suggest that you keep your copy current.

We further suggest that you keep this publication in your Employment Folder for ready reference.

Any suggestions you may have to improve this handbook in any way will be appreciated and should be forwarded to the Personnel Division, VA Hospital, Downey, Illinois.

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Chapter 5 - - - - - - - -For Your Best Interests

# ESTABLISHMENT OF THE VETERANS ADMINISTRATION

On July 3, 1930, Congress passed a law authorizing the President to "consolidate and coordinate governmental activities affecting war veterans." Under the authority of this law, President Hoover formed the Veterans Administration by an Executive Order of July 21, 1930.

The Veterans Administration's responsibility to veterans includes all matters pertaining to compensation, pension, insurance, G. I. training, hospitalization, and out-patient treatment for service connected disabilities. To render these services the VA is divided into three large organizational units as follows: Department of Medicine and Surgery, Department of Veterans Benefits, and Department of Insurance.

# ESTABLISHMENT OF DOWNEY HOSPITAL

Downey Hospital was officially opened on March 1, 1926, with a bed capacity of 325. Through the years additional buildings have been constructed which has increased the bed capacity to the present 2,487. It is a psychiatric hospital primarily responsible for the treatment of patients with emotional illnesses. This hospital is a part of the Department of Medicine and Surgery mentioned above.

# THE VA MISSION

The VA is dedicated to administer veterans' laws effectively, expeditiously, and with sympathetic understanding, and to exercise constructive leadership in the field of veterans' affairs.

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# CONDITIONS OF EMPLOYMENT

APPOINTMENTS at Downey are of two types. Doctors, Dentists and Nurses are appointed to excepted positions in the Department of Medicine and Surgery. They serve a three-year probationary period before becoming permanent employees.

All other employees are appointed in the competitive service subject to civil service rules and regulations. Original appointment, known as career conditional, is given to persons who pass open competitive civil service examinations and who are selected from lists of eligibles established as a result of the examinations. The first year of the appointment is probationary. During the probationary period the employee's competence on the job is observed, and if it proves to be unsatisfactory, normally action will be taken to separate him. If, on the other hand, the employee serves satisfactorily during the first year, he is no longer on probation but continues to be known as career conditional. During the remainder of the conditional period, which is two years, employees are generally expected to deside whether or not they intend to make the Federal service a career. Moreover, when the conditional period has been satisfactorily completed, employees automatically become career employees, and they move into a higher position on the retention regeister which simply means that in the event there is a reduction in force, career people are the last to be affected.

Career and career conditional employees may be promoted, reassigned to other positions in their agency, transferred to other agencies, etc. Veterans may be reinstated without regard to time limit. Non-veterans may be reinstated without regard to time limit after having served a continuous period of three years. Those who have not completed the three-year period are eligible for reinstatement for three years following termination of previous Federal service. Whether or not former employees must again compete in Civil Service examinations will depend upon the vacancies for which they are being considered.

Career and career conditional employees who have completed their probationary periods satisfactorily may be separated only for cause or in a reduction in force. In a removal for cause, they must be presented with charges in writing and be given an opportunity to reply.

PROMOTIONS of competitive service employees are made from within the hospital whenever possible in accordance with the Merit Promotion Plan outlined in Station Memorandum No. 62 (Revised). The best qualified employees are selected for promotion to vacant positions. Promotional opportunities will be publicized every Friday on bulletin boards throughout the station.

SELECTION METHODS UNDER THE PROVISIONS OF THE MERIT PROMOTION PLAN will be as follows:

(1) Vacancies will be publicized in a weekly listing called "DOWNEY EMPLOYEES PROMOTION OPPORTUNITIES."

(2) An interested and qualified employee must submit his request for consideration by memorandum direct to the Personnel Division by close of business Thursday following the posting.

(3) Operating officials will encourage employees, whom they consider qualified, to apply for the posted vacancies.

(4) From the above information available in the Personnel Office, the Personnel Division will prepare a list of eligible persons and submit the list to the division or service chief. This list may include names of interested candidates from outside the station.

(5) From the names submitted, the division or service will select the best qualified employees for positions below GS-6 and WA-10.

(6) A panel consisting of a disinterested person, a representative from the Personnel Division and the division chief or his assistant of the division having the vacancy will evaluate and select employees for positions at GS-6 and WA-10 and above.

(7) Employees who applied by memorandum and those interviewed who are not selected will be informed of their non-selection by the Personnel Division.

(8) Promotions of Nursing Assistants from GS-2 to GS-3 are excluded under the Merit Promotion Plan inasmuch as the GS-2 position is a training position and promotions to GS-3 are made automatically after one year of satisfactory service.

PROMOTIONS OF PHYSICIANS, DENTISTS, AND NURSES will be made in accordance with VA regulations predicated upon the recognition of the quality of service rendered, the acquisition of additional experience, and professional attainment. The satisfactory completion of an appropriate professional examination may be required. The MERIT PROMOTION PLAN mentioned above does not apply to DM&S employees.

ACQUIRING ADDITIONAL SKILLS: If an employee feels he is better qualified to do some other work, or acquires new skills not known to the Personnel Office, he is invited to discuss the matter with his supervisor and the Placement Office. The VA attempts to place each employee in a position using his highest skills, thus serving the best interest of both the VA and employee.

TRANSFERS to other VA stations and other Federal agencies are negotiated in accordance with Civil Service regulations. A Recruiting Bulletin listing VA vacancies is issued each month by Central Office and will be posted on the bulletin board in Building 3. Employees interested in transferring should inquire at the Placement Section, Building 3, concerning the procedure to follow.

POSITION CLASSIFICATION AND WAGE ADMINISTRATION -- The Classification Act was passed by Congress in 1949. It applies to all positions in the hospital except Physicians, Dentists, and Nurses who are in the Department of Medicine and Surgery, and positions in trades, crafts, and laboring occupations which are under a Wage Administration Plan.

Positions which come under the Classification Act have the letters "GS", meaning "General Schedule," in front of the grade. The Classification plan is based on the principle of "equal pay for substantially equal work." The major objective is to provide the same grade and pay rate for jobs of substantially the same level of difficulty and responsibility throughout the Federal Service. Pay rates for Classification Act positions are set by Congress.

Standards, or "yard sticks" for measuring positions for difficulty are established by the Civil Service Commission. These standards are maintained in the Personnel Office and will be made available to any interested employee who would like to examine or study them. These standards are used to evaluate positions - NOT EMPLOYEES.

Department of Medicine and Surgery positions (Doctors, Dentists and Nurses) are not classified or evaluated for grade in terms of duties performed and do not require position descriptions.

Under the Wage Administration plan jobs involving trades, crafts, or laboring duties are designated by the letters "WA", meaning "Wage Administration" in front of the grade. Pay rates for these positions are fixed in accordance with rates paid for similar jobs in the locality. These positions are graded by standards which the VA has adopted from the Department of the Army. As in the Classification Act positions, the job is evaluated and graded, not the employee.

The duties of both types of positions (Classification Act and Wage Administration are written up in the form of a position description. These position descriptions are kept current and accurate by periodic reviews and revisions.

It is important that each employee have a copy of his position description in order that he may understand fully what his duty assignment is.

If an employee is dissatisfied with the evaluation of his position, he should discuss the problem with his supervisor and, if necessary, with the Chief, Personnel Division or Personnel staff members. If still not satisfied, he may appeal through administrative channels in the hospital to the VA Central Office. Positions classified in the General Schedule (GS) may also be appealed to the Regional Director, Seventh U. S. Civil Service Region, New Post Office Building, Chicago, Illinois.

PERFORMANCE RATINGS on all classified and wage administration employees are made as of April 30 each year. You will not be rated unless you have served three months in the position held at the close of the annual rating period and have completed your probationary period. Your performance for the period to be rated is appraised by your supervisor and rated according to the following standards.

Outstanding: Performance not only distinctly exceeding requirements in every aspect of the job but outstanding and deserving special commendation in every aspect.

Satisfactory: Performance meeting or exceeding the requirements in all aspects of the job or with any weak performance overcompensated by performance distinctly exceeding the requirements.

Unsatisfactory: Performance weak in at least half of the aspects of the job or in any case, where weak performance is not overcompensated by performance distinctly exceeding the requirements.

Your performance rating is based on performance requirements - the quality and quantity of work to be performed. If your supervisor has not already done so, request that he explain the requirements of your position to you.

You will be orally informed of a Satisfactory rating. Outstanding and Unsatisfactory ratings are in writing.

Continued employment and receipt of scheduled salary increases in your position requires a rating of Satisfactory.

PROFICIENCY RATINGS are received by doctors, dentists, and nurses in the Department of Medicine and Surgery. The initial proficiency rating covers the first eleven months of employment. Annually, thereafter, the proficiency rating is prepared on the anniversary date of the eleven-month rating.

Based on an established pattern of elements, you will be given a numerical rating resulting in either a "Satisfactory" or "Unsatisfactory" rating. Some of the elements considered are dependability, effectiveness in handling patients and relatives, integrity, ability to plan and organize work, etc.

You will receive an official notification of the adjective rating you have been assigned on VA Form 10-2623a, "Notice of Adjective Proficiency Rating."

PAY DAY is every other Wednesday. You will receive a "green slip" with your first check showing the amount of salary deductions for such items as retirement, life insurance, taxes, bonds, and meals and quarters if furnished.

For pay purposes a pay period has been established as every two weeks which begins one Sunday and ends the second Saturday. There are 26 pay periods a year. There is a lapse of 10 days between the end of each pay period and pay day, which is necessary to give the Fiscal Division time to process time cards and prepare the payroll, which is submitted to the Disbursing Office in Chicago where the checks are written and returned to the Fiscal Division for distribution. You are paid from your first day of duty. No salary is held back, but the salary is received 10 days after the end of the pay period. For example: the pay period is August 14 to August 27. You begin work August 15. You would receive your pay check on September 7, or 10 days from the end of the pay period, which was August 27.

HOLIDAYS recognized in the Federal Service are as follows: New Year's Day January 1, Washington's Birthday February 22, Memorial Day May 30, Independence Day July 4, Labor Day 1st Monday in September, Veterans' Day November 11, Thanksgiving Day 4th Thursday in November, Christmas Day December 25. Classified and WA employees scheduled for duty and performing services on a holiday will be paid double time.

DM&S employees do not receive premium pay for holiday work. For work performed on a holiday, the day observed as a holiday, or when a holiday falls on an employee's administrative non-duty day, an in-lieu non-work day may be granted.

ANNUAL LEAVE for Classified and WA employees is earned at graduated rate based on total years of Federal Service (including Military Service) that they have to their credit.

| | |
|---|---|
| 0 to 3 years service | 13 days per year |
| 3 to 15 years service | 20 days per year |
| 15 or more years service | 26 days per year |

Leave earned in a year and not used, may be carried forward for future use to a total of 30 days or 240 working hours. Upon separation from Federal Service, employees are paid for unused annual leave to their credit.

No annual leave is credited and none is available for use or payment until an employee has completed 90 continuous days of service. At the end of the ninety-day period, he will be credited with all leave earned during the period.

Permission to use annual leave must be obtained in advance from your supervisor. For less than three days leave, a verbal request and approval of your supervisor is sufficient. For more than three days a Standard Form 71, Application for Leave, must be completed and submitted to your supervisor for approval.

Employees are expected to request annual leave sufficiently far in advance to enable their supervisors to arrange the work load accordingly, It is realized that emergencies will arise where it is impossible to do so, however, employees are cautioned not to request emergency leave unless a genuine emergency exists: A clearcut example of a genuine emergency is death, or serious illness in the employee's immediate family. Supervisors realize that there are other genuine emergencies.

SICK LEAVE is earned by all full-time Classified and WA employees at the rate of four hours a pay period (13 days a year). There is no maximum accumulation on sick leave. It is wise to save it until it is really needed.

Sick leave may be granted to employees when they are physically unable to perform their duties because of sickness, injury, or pregnancy and confinement, or for medical, dental, or optical examination or treatment, or when a member of the immediate family of the employee is afflicted with a contagious disease and requires the care and attendance of the employee, or when through exposure to contagious disease, the presence of the employee at his place of duty jeopardizes the health of others.

An employee who is absent on account of sickness should notify his supervisor or other appropriate person as early as practicable on the first day of absence or as soon thereafter as possible. Although the employee may actually have been sick, failure to give such notice may result in the absence being charged to annual leave or absence without leave as the circumstances may justify.

Employees may be granted sick leave not to exceed three days by certifying on return to duty, or on presentation of a statment from their physician that absence was due to illness. The employee's certification up to and including three working days may be accepted.

However, in cases of excessive absence because of illness or in cases which indicate abuse of sick leave privileges, the supervisor responsible for authorizing leave will require medical certification.

For periods of absence in excess of three work days, the application for sick leave must be supported by a medical certificate or other evidence administratively acceptable.

In cases of serious disability or ailments, an employee may be advanced sick leave in an amount not to exceed 30 work days. An advance of sick leave will not be made if it is known in advance or there is reasonable assurance that the employee is not expected to return to active duty in the Veterans Administration. Sick leave will only be advanced in cases of employees who have shown themselves to be dependable and deserving of such special consideration.

LEAVE WITHOUT PAY may be granted only upon the employee's written request. Employee's cannot demand leave without pay as a right and approval is subject to administrative decision.

DM&S LEAVE - Physicians, dentists, and nurses earn annual leave at the rate of 30 days a year. Maximum accumulation of 120 days is permitted. Leave credits and reductions are in multiples of one day. Holidays or non workdays falling wholly within a leave period are charged as days of leave.

Sick leave is earned at the rate of fifteen days a year with no limit on the amount that may be accumulated.

UNAUTHORIZED ABSENCE AND TARDINESS - Of first importance in considering unauthorized absence and tardiness is the hospital's primary responsibility to the disabled veterans entrusted to its care. Every decision regarding the granting of leave, or the excusing of tardiness, must be weighted against this factor.

Second, the supervisor must ascertain from the employee all pertinent facts regarding each individual case. It is not Management's desire to be unreasonable in its requirements for it realizes fully that emergencies do arise which are beyond the employee's capabilities to meet. The employee whose record reveals that he is loyal and trustworthy will be given the benefit of any doubt.

In those cases where it has been clearly established that an employee was absent without permission and without a valid reason he will be charged AWOL. The granting of annual leave implies approval of the absence.

Repeated tardiness without a valid excuse is an offense which can not be condoned. While the rare or occasional mechanical breakdown of automobiles may be excusable, employees are reminded that they are expected to arrange for adequate and reliable transportation to insure their reporting for work on time. In inclement weather employees should leave for work in sufficient time to avoid tardiness, however, severe weather may make tardiness unavoidable. Supervisors will use sound judgement in determining whether or not tardiness is to be excused. Unexcused tardiness will be charged to AWOL and repetitions may be grounds for disciplinary action. It must be emphasized that there will be no "rule of the thumb" for determining whether absence is excusable. Each case must be considered on its own merits.

AUTHORIZED ABSENCE is an absence administratively authorized or approved, which does not result in a charge to leave of any kind. The Manager may authorize this absence for the purpose of attending meetings or conferences of professional or technical organizations where the benefits to be derived by the VA are sufficient to justify the absence.

EMPLOYEES WHO DESIRE TO VOTE will be excused for that purpose without charge to leave for a reasonable time, provided it will not interfere with efficient operations. In general the above rules apply for physicians, dentists and nurses.

RETIREMENT - As a Federal employee, you share in this plan through a 6½ per cent deduction from your pay check. The amount deducted from your salary is deposited in a fund which earns 3 per cent compounded annually. If you leave Federal employment before you complete five years of service, you may have your retirement deductions returned to you. You get interest on this money, if you served over one year but less than 5.

If you leave after completing at least five years of service, you have a choice of having your deductions returned, or leaving the money in the retirement fund. If you leave your money in the fund, you will be entitled to a "deferred annuity" at age 62.

Retirement under the plan is of two types, age and disability. If you have completed five years of civilian service and become physically disabled to perform the duties of your position, you may be granted retirement regardless of age. There are several options for retirement which are described in detail in certificate of membership given each employee.

Veterans may, after five years of civilian service, count all their military service toward retirement with no payment required for that service.

SUGGESTIONS from employees are one of the best ways to make improvements in the hospital operation. The VA Incentive Awards Program offers all of us, regardless of our position, the opportunity to participate in management and to be rewarded over and above our normal pay for any improvements which we may help bring about.

Liberal cash awards are available to those whose suggestions have merit. If you have an idea for reducing the cost of operations or improving service, get it down on paper before you forget it. You may pick up a Suggestion Form (3951) from your division or service office. Complete the form and forward it through your supervisor to the Secretary, Incentive Awards Committee, Personnel Division. Your suggestion will be promptly considered by the Committee. You will be notified whether or not it can be used. If it is used, you may receive a cash award, the amount depending upon the savings obtained from your suggestion.

FAIR EMPLOYMENT POLICY of the U. S. Government decrees that you be treated fairly in all respects and have the privilege to discuss and settle your problems with your supervisor. In keeping with this spirit of fair play, the VA wishes to reemphasize its policy of non-discrimination in employment practices.

No person may be granted special privileges or consideration, nor may any economic benefit arising out of his employment be withheld because of his race, creed, color or national origin.

If you believe you have not received equitable consideration or treatment, you should feel free to follow the procedures which are provided to insure orderly resolution of fair employment problems. You may do this without fear that your action will in any way affect your future in Federal service.

First try and solve your problem through informal discussion with your immediate supervisor. Failing satisfactory adjustment, an employee may file a written complaint with the Deputy Employment Policy Officer.

APPEALS AND GRIEVANCES may be brought before an impartial hearing panel composed of your fellow employees. This procedure does not apply to physicians, dentists, and nurses in the Department of Medicine and Surgery and to Canteen employees, unless discrimination is an issue. There are also certain other circumstances in which the hearing procedure may not be used, as, for example, on involuntary separation of probational or trial period employees and appeals of position classification.

DM&S grievances will ordinarily be presented orally to the immediate supervisor. If the nature of the grievance is such that the employee feels he cannot take it up with his immediate supervisor, he may present it to the appropriate office at the next higher supervisory level.

If the matter cannot be resolved, the employee will be advised to present his grievance progressively to the next higher level until the Director, Professional Services has given it consideration. It if can not be satisfactorily settled by him, the employee may then present his grievance to the Manager for his decision. The Manager's decision may be appealed in writing to the Area Medical Director.

EMPLOYEE HEARING PANEL - There is a panel from which hearing committees may be selected to hear individual employee cases. Panel members were appointed from nominees submitted to the Manager from Downey Employees' Association, National Federation of Federal Employees, and division and service chiefs. The list of panel members will be made available to any employee by the Chief, Personnel Division.

INFORMAL ADJUSTMENT - When circumstances or conditions related to your employment are not satisfactory to you, the VA expects you to seek adjustment by first discussing the matter with your immediate supervisor. (If you believe discrimination is involved, you have the choice of originating your complaint with your supervisor or the Deputy Employment Policy Officer.)

REQUEST FOR HEARING - Generally speaking, you may request a hearing before an employee hearing committee provided one or more of the following conditions exist:

(1) You have a complaint or grievance and you are not satisfied with informal consideration of the issues.

(2) You have received notice of intended disciplinary action.

(3) You wish to appeal your performance rating within the VA.

SELECTION OF HEARING COMMITTEE - The employee hearing committee will be selected from the panel as follows: one member will be selected by you, one member will be selected by the appropriate division or service chief, and the third by the other two members. The Manager will appoint a non-voting chairman from the roster of chairmen.

HEARING - You will be afforded a complete opportunity to present before one hearing committee any and all evidence having a bearing on your case. You may be represented at the hearing by a person of your choice, who need not be a VA employee. Your supervisor, a staff member of the Personnel Division or, in cases in which discrimination is involved the Deputy Employment Policy Officer will inform you of the proper procedure to follow.

APPEAL TO ADMINISTRATOR - Your appeal, if any, within the VA from the decision made after hearing, will be to the Administrator.

SEPARATIONS are of two types, voluntary and involuntary. When an employee desires to leave the service of the hospital he should first discuss with his immediate supervisor the effective date and the reason for resignation. Normally a two-week notice period is desired on all resignations. An employee clearance sheet will be made up for you listing items requiring clearance and adjustment before you leave the hospital. This clearance is necessary before you may receive your final paycheck and/or accrued annual leave pay.

Involuntary Separations are made by the Manager for the good of the Federal Service. This may be done for any serious offense such as inefficiency, insubordination, repeated absence without leave, misconduct, falsification of employment application, abuse of patients, etc. Employees who have completed their probationary period are given an advance notice of charges with an opportunity to reply in writing why they should not be separated. At this point the employee may request a hearing by an impartial panel of other employees who make recommendations to the Manager as to what action should be taken in the case. The Manager then makes the final decision as to whether or not the employee will be separated. (For further information on hearings, refer to the section of this guide on appeals.)

Veterans who have completed the probationary period will be given a thirty-day advance notice of proposed separation and have additional appeal rights under Section 14 of the Veterans Preference Act. Non-veterans will normally be given a thirty-day advance notice but have no further appeal right other than mentioned above, except for failure of the hospital to follow correct procedures.

Any employee may be separated during the probationary period for misconduct or failure to perform satisfactorily his duties, without advance notice or right to reply, or a hearing.

UNEMPLOYMENT COMPENSATION is a state operated job insurance program which will pay you weekly benefits while you are unemployed, if you meet the legal requirements for such insurance. Responsibility for collection of benefits is entirely up to the worker.

Should you leave the service of the hospital, for any reason, you will be furnished with the form required for the application of unemployment benefits at State Employment Service Offices.

CIVIL SERVICE and VA regulations governing all phases of employment are maintained in the Personnel Division. Employees are invited to consult these regulations at any time.

## CONDUCT OF EMPLOYEES

Continued employment with the VA requires that employees consistently conduct themselves in a manner which will not reflect adversely upon the Veterans Administration. Employees are expected to exercise unfailing courtesy and dignity in all contacts with the patients, public, and other Government employees.

Except as specifically authorized to do so, employees will not disclose any official information of which they have knowledge or which comes into their possession as a result of their employment, which is of a confidential nature or which represents a matter of trust, or any other information of such character that its disclosure would be contrary to the best interests of the Government, the Veterans Administration, or the Veterans being served by it. Employees will not discuss patients or their illness except in line of duty. The VA does not desire or intend to interfere in the private lives of employees. However, appropriate action will be taken in any case where it is determined that the off-duty conduct or activity of any employee does or will adversely affect his efficient performance of duty or the effective operations of the VA, or if the employee is not able to perform a full day's work as a result of his off-duty activities.

BORROWING OR LENDING MONEY by employees among patients of the VA is strictly prohibited. The borrowing or lending of money for profit, among employees, is prohibited. You are cautioned to be extremely careful in entering into financial dealings with other employees since this hospital is unable to offer any assistance in effecting a settlement of any debt of this nature.

INDEBTEDNESS is a private matter and this hospital will not act as a collection agency for any firm. However, letters and telephone calls from creditors asking for assistance in collection of delinquent accounts reflect unfavorably on you as an individual and mar your employment record. Furthermore, VA policy is not to consider as satisfactory those employees who fail to pay their just obligations. Failure to do so may result in removal as an unsatisfactory employee.

GIFTS -- Employees are prohibited by law from giving gifts to official supervisors and from accepting gifts from other employees who receive lower salaries. Employees may not accept gifts from patients.

POLITICAL ACTIVITIES -- You have the right to vote as you please and to express your opinion on all political subjects. However, you are prohibited by Federal law (Hatch Act) from using official authority or influence for the purpose of interfering with an election or affecting its results. Employees are further prohibited from taking an active part in political management or political campaigns. For further information refer to Standard Form 61, Appointment Affidavits given to you when you entered on duty.

TELEPHONE and mail service are not to be used for personal messages. Ordinarily, incoming personal calls cannot be received while you are on duty. If it is necessary for you to make an outgoing call, get permission from your supervisor and use the pay stations provided for this purpose. Unless, you live on the station, personal mail should be addressed to your home and not to the hospital.

MISUSE OF GOVERNMENT PROPERTY -- Employees are prohibited from willfully damaging or otherwise misusing Government property, including VA equipment, tools, and instruments. This also includes defacing VA buildings, offices, rest rooms, and other facilities by writing, printing or any other malicious manner.

No Federal employee may use or take Government property from the station for personal use. "Property" includes many items around the hospital, such as linens, all types of supplies ....., in general, all hospital equipment and supplies.

ALCOHOLIC BEVERAGES may not be brought into the hospital or its grounds by employees, patients, visitors, or other personnel who do not occupy housekeeping quarters.

INSPECTION BY THE GUARD SERVICE -- For the purpose of enforcing Veterans Administration policies, rules and regulations in regard to introduction or consumption of alcoholic beverages on the station and to prevent unauthorized removal of government property, the Guard Service is authorized and directed to conduct periodic inspections of all vehicles entering or leaving the hospital area. The Guard Service will also make periodic inspections of all parcels, luggage, handbags, or bundles of any description in the possession of an employee, patient, or visitor entering this area on foot or in vehicles. Packages may leave the station without inspection by Guard Service by presenting a parcel pass signed by an authorized official. (Parcel passes may be secured from your supervisor.)

It is expected that the guard force will receive full cooperation from all employees in carrying out these instructions.

FIREARMS are not permitted in non-housekeeping quarters. Application for a permit to possess firearms or other weapons will be considered only for a resident of housekeeping quarters. Application for permit should be addressed to the Assistant Manager.

A Permit, when granted, permits only the storage of firearms or other weapons in the housekeeping quarters. It does not include the carrying of weapons for the purpose of self protection.

SMOKING -- Read this as though your life depended upon it ... It may! No smoking in posted areas, near oxygen tents, pharmacy, X-ray film, or in bed. This regulation requires strict compliance in order to protect the lives of our patients and your fellow employees. We do all we can to protect you, therefore, we expect your cooperation.

MISUSE OF ENVELOPES -- VA envelopes are for official use only and may not be used by individuals for personal use. There is a severe penalty for violations of this law. VA pays the Post Office Department for all postal services utilized.

DISCIPLINARY ACTIONS are taken solely for the purpose of correcting offending employees and problem situations, also maintaining discipline and morale among other employees. Where this aim can be accomplished through counseling the offenders, formal disciplinary action will not be taken.

The following disciplinary actions are authorized in the VA:

1. Admonishment - a simple written reproval signed by the appropriate supervisory official. A copy of the admonishment is filed in the offender's official Personnel Folder.

   It will be withdrawn from the Personnel Folder in 6 to 12 months and destroyed if the division or service chief decides that the offense has been offset by good conduct.

2. Reprimand - Is a statment of official censure in a formal letter to the employee for a serious violation of a rule of conduct, law or regulation, official instruction or specified responsibility which does not warrant a more severe action. It also may be given for continued or repeated infractions of rules or instructions for which the employee has been admonished.

3. Suspension - Is an enforced temporary non-pay status and absence from duty imposed for disciplinary reasons. Suspensions may range from 3 days to 15 days.

4. Demotion - Is a change from one position to another position lower in grade, rank, or salary, imposed for disciplinary reasons.

5. Removal - Is the dismissal of an employee from the service for very serious misconduct or delinquency.

Some of the offenses for which the above actions may be taken are unauthorized absence, neglect of duty, violations of instructions, abuse of patients, intoxication while on the job, insubordination, theft, and falsehood. This list is not all inclusive.

## EMPLOYEE SERVICES

CREDIT UNION -- The services of the Downey Veterans Administration Credit Union are available to every employee who wishes to join the organiztion. The Credit Union functions under the laws of the State of Illinois and is composed of and operated by the employees at this hospital.

An employee may become a member of the Credit Union by paying the entrance fee of 25 cents and buying one share of stock at five dollars. Members are eligible to apply for loans from the Credit Union provided the money is to be used for good purposes. Interest on loans is one per cent per month on the unpaid balance. Funds for loans are obtained through investments in shares bought by members who deposit with the Credit Union.

All loans are covered by insurance which safeguards the Credit Union and its members. In case of permanent and total disability or death of a borrower, the outstanding loan is paid by the insurance company. Investors in the Credit Union are also insured by a policy which is similar to life insurance in that it pays (with certain modifications) upon death of the investor, an amount equal to that invested in stock in the Credit Union. Insurance premiums for both loan and share coverage is paid by the Credit Union. A dividend on share investment is paid annually on December 31. Share deposits up to $10,000 are also covered by a Share Guaranty plan which is similar to the Federal Deposit Insurance.

The Credit Union Office is open Monday through Friday, 8:30 a.m. to 3:30 p.m.

GROUP LIFE INSURANCE for Federal civilian employees is provided by payroll deduction of 25 cents per $1,000 of insurance each payday.

The Government helps to pay the cost of this insurance by contributing half as much as you do.

If you retire on an immediate annuity either for disability or after at least 12 years of creditable service, of which 5 years was civilian, your life insurance is provided without further cost.

HEALTH INSURANCE plans available at this hospital are the Government-Wide Service Benefit Plan and Government-Wide Indemnity Plan. Employees are given the opportunity to enroll in the plan of their choice at the time of their employment. Your share of the cost of a plan is obtained through payroll deduction. The VA as your employer also contributes to the cost of your plan. "Open Seasons" for enrolling or changing to another plan are conducted every three years.

DOWNEY EMPLOYEES ASSOCIATION is an organization which has been established to provide varied social activities for employees and their families. Membership tickets may be obtained at any of the scheduled events.

AN EMPLOYEE NEWSLETTER, the Downey Vane, is published monthly and distributed to all employees. It contains official information of interest to all employees.

EMPLOYEE UNION is the National Federation of Federal Employees (NFFE). Federal employees have the right -- without fear of discrimination or reprisal -- to be members of, or to refrain from being members of, any union or employee association. For further information on the NFFE see any officer or member of Local 775.

DINING ROOM is available for employees who live in non-housekeeping quarters and elect to take their meals at the hospital. Full time Dietetic Service employees are required to take and pay for a minimum of one meal each working day. Part time employees who handle food will not be required to take and pay for one meal a day.

Eligible employees may elect three meals five days a week or three meals seven days a week.

NON-HOUSEKEEPING ROOMS on the station may be obtained from the Billeting Clerk located in the Housekeeping Division. Employees wishing to move on or off the station, or make any changes in meal ticket arrangements should make the request on VA Form 4560 which can be obtained from your supervisor. This form should be hand carried, first to the Chief, Dietitic Service then to the Billeting Clerk. Approved changes will become effective the Monday after pay day.

MOVIES are shown in the station theatre. Employees living on the station will be admitted by showing their identification card stamped, "Movie Pass." Passes for non-employee dependents living in housekeeping quarters may be obtained from the Personnel Division.

CANTEEN is operated by the Veterans Canteen Service. They have a retail department, food department, and a service department. Special lunches are served in addition to sandwiches, soups, salads, and desserts.

In addition to the above the following services are available: Barber, Dry Cleaning, Laundry, Photo Developing, Electric Shaver Repair and Watch Repair.

LIBRARIES - Employees are invited to borrow books or publications from either the General Library or the Medical and General Reference Library.

RELIGIOUS SERVICES are conducted regularly in the chapels. Employees desiring specific information regarding religious services may phone the chaplain's secretary.

VETERANS BENEFITS - Those employees who are also veterans are reminded that information regarding various veteran's benefits may be obtained at the Contact Office.

U. S. SAVINGS BONDS are considered one of the best investments in the world. They may be purchased on a payroll deduction plan. The Personnel Office asks each new employee at the time of appointment if they are interested in making a bond deduction. The timekeepers for each division will take care of changes in bond deductions or cancellations.

## EMERGENCY TREATMENT, EMPLOYEE COMPENSATION, HEALTH CLINIC

EMERGENCY TREATMENT for injury or illness is provided by the Health Clinic. If you become ill or are injured while on duty, report your condition to your supervisor immediately. Your supervisor will take the necessary action to send you to the Health Clinic or Officer of the Day for treatment.

Treatment in general will be limited to emergency treatment of minor ailments which interfere with immediate ability to perform duty.

Treatments will not normally be continued for a period exceeding 48 hours for the same ailment. If the condition is of chronic nature, or if treatment is required beyond 48 hours, you will be referred to your private physician or dentist.

In addition to emergency treatment and employment physcial examinations, the Health Clinic also maintains necessary records for follow-up examinations for Mantoux tests and chest X-ray. From time to time you will be asked to report to the Health Clinic for periodic examinations designed for your protection.

EMPLOYEE COMPENSATION -- Any loss of pay or wage earning capacity due to a disability from a work injury entitles an employee to compensation at the rate of 66 2/3 per cent of his salary if he has no dependents. The rate is increased to 75 per cent if he has one or more dependents. The only dependents recognized in disability cases are wife, wholly dependent husband, unmarried children under 18 years of age and a wholly dependent parent. The most an employee can receive a month for total disability is $525.00. The least he can receive is $180.00 unless his monthly wage is less, in which case he will receive his full monthly rate.

If at the time of disability, an injured employee has annual or sick leave to his credit, he may use such leave until it is exhausted. Use of leave is at the discretion of the employee, however, you can not draw pay for leave and compensation. Where disability lasts less than 22 days, the payment commences on the 4th day after pay stops.

All personal injuries at work and disease caused by employment conditions are covered, except no benefits may be paid if the injury or death is caused by willful misconduct of the employee or intention to bring about the injury or death of himself or of another or if intoxication of the injured employee is the cause of injury or death. Severe penalties apply to anyone who knowingly makes a false statement in any claim or who accepts compensation benefits where the right to benefits terminates.

All medical services, appliances, drugs and supplies which in the opinion of the Bureau of Employees Compensation are necessary for the treatment of an injury shall be furnished the injured employee.

Employees are cautioned to make sure that every occupational injury, no matter how trivial it may appear, is reported to your supervisor in order that necessary forms can be completed and a record of the injury established.

In the event of death on the job, the employee's dependents may be entitled to compensation under this program.

## FOR YOUR BEST INTERESTS

ADDRESS CHANGES, name changes, and change in telephone number should be reported immediately to your supervisor. This information is necessary to enable the Personnel Office to keep your records current. It is important that this information be kept up to date, especially in case of emergency. This is to your best interest.

INCOME TAX DEDUCTIONS are required by law to be withheld from your salary. The amount withheld is based on information furnished in the Employee's Withholding Exemption Certificate. New employees complete this form when they enter on duty, and in the event of any change in dependency or marital status, such information, which would alter your claim to exemption under the law, must be filed on a new certificate. If you have a change in dependents or marital status, come to the Personnel Office and complete a new withholding certificate.

Withholding of this tax from your salary does not relieve you of the necessity of filing income tax returns before April 15 each year. Returns made at that time are the basis for adjustment if the total amount withheld from your salary is under-payment or over-payment of your full income tax.

Federal Employees are expected to pay their taxes promptly and delinquent income taxes can result in full withholding of salary until the amount due is satisfied.

REGISTRATION OF VEHICLES is required if they are to be driven on the station. They must be registered with the Chief Guard at Downey South Gatehouse. Each time you change automobiles or license plates, it will again be necessary to register. A set of Station Traffic Regulations is provided each new employee and we are expected to be familiar with, and abide by them. Speed limit on the station is 15 miles per hour.

PERSONAL BUSINESS DURING WORKING HOURS cannot be permitted. Supervisors are encouraged to approve annual leave when personal business cannot be conducted by employees on their off-duty hours.

SAFETY is for our best interests because the life we save may be our own. The Safety Committee, which is made up of representatives from all divisions, is continually on the lookout for unsafe conditions and operations. The best thing for all of us is not to let accidents happen. Remember, you do not have to be a member of the Safety committee to suggest safer methods.

The most important safety rule is - be careful. Most accidents are caused by unsafe acts and unsafe conditions. Don't think you will be an exception to the rule.

If you do have an injury be sure to go to the Health Clinic, or if it is closed, to the Administrative Officer of the Day who will arrange for medical attention. A minor injury may develop into a major accident.

FIRE PROTECTION is provided the hospital by the Great Lakes Naval Training Center. A hospital fire can cause great personal injury to patients and employees. You will receive scheduled instruction from the Fire Inspector and Safety Officer regarding your responsibilities in preventing, reporting, and fighting fires.

Familiarize yourself with the location of the fire alarm box and fire extinguisher in the area in which you are working, make certain that you know how to turn in a fire alarm and operate the fire extinguisher.

If a fire alarm box is not conveniently located in the area, call 444 on the nearest telephone to report a fire.

Frequent fire drills are held in all hospital buildings to acquaint patients, visitors, and employees with the procedure to be followed in case of fire.

LOST AND FOUND department is located at the telephone switchboard. Lost articles may be turned in to this department at any time by the finder.

OFFICIAL PERSONNEL FOLDERS containing records of employment for each employee are maintained and filed in the Personnel Division. Employees may inspect the contents of their folder with the exception of certain confidential records such as employment inquiries from former employees, physical examinations, civil service examinations, etc.

# REGISTRATION - POST ATTACK

Our President, on numerous occasions, has stated that a strong, united America is one of our greatest assurances for maintaining peace and deterring aggressive forces. Each one of us, as citizens and as Federal employees, has a responsibility to contribute to the strength of our Nation. Just as we as individuals must work out plans for ourselves and our families in an emergency, so also must our Government maintain plans to make sure that it can continue to operate even in the event of an attack on this country.

An important part of these plans must be a means of locating and mobilizing the skilled services of trained Federal employees. Such a procedure has been established, and this letter explains your part in it. In the event of an emergency brought about by an attack on this country, the Civil Service Commission will operate a registration system for employees in the affected areas.

All Downey Hospital employees with or without emergency assignments should follow this procedure: If you are prevented from going to your regular place of work because of an enemy attack - or if you are prevented from reporting to any emergency location - keep this instruction in mind - go to the nearest Post Office, ask the Postmaster for a Federal employee registration card, fill it out and return it to him. He will see that it is forwarded to the office of the Civil Service Commission which will maintain the registration file for your area. When the Civil Service Commission receives your card, we will be notified. We can then decide where and when you should report back for work. There is another important reason why you should mail in a registration card as soon as you can do so. This card will also enable us to keep you on the roster of active employees, and enable us to forward your pay.

You should obtain and complete the registration card as soon after enemy attack as possible but not until you are reasonably sure where you will be staying for a few days. If you change your address after you have sent in a card, get a new one and send it in.

Even though you complete your registration card promptly, it may be a while before you are put back to work. In the meantime, you would be expected to volunteer your services to the civil defense authorities and do all that you can to meet the emergency situation that such an attack would bring about.

David Breier

## VETERANS ADMINISTRATION HOSPITAL
Downey, Illinois

TO: ALL EMPLOYEES: Check your 'green' employment folder! If you do not have and understand the VA Employee Letters listed below which pertain to you talk to your immediate supervisor. He or she will arrange to get those you do not have and/or explain the ones you do not understand. Reread Station Memorandum 5-8, remove the attachment and replace it with this one. We want you to be well informed but you must make a reasonable effort to understand and remember the Personnel Policies and Directives available to you.

Attachment A (Revised)
January 17, 1966

## PUBLICATION CHECK LIST

1. VA Employee Letters

a. These letters have been distributed to all employees unless otherwise indicated.

| | |
|---|---|
| 00-62-1 | Disciplinary Actions |
| 00-62-2 | The VA Grievance Procedure |
| 00-62-3 | Employee Hearings |
| 00-62-7 | Performance Evaluation |
| 00-62-8 | Incentive Awards |
| 00-62-9 | Benefits and Services |
| 00-62-10 | Training and Development |
| 00-62-11 | Wage Administration (to each WA employee and each chief) |
| 00-62-12 | The Civil Service Leave System |
| 00-63-1 | Pay Administration (to each Class. Act and WA employee) |
| 00-63-2 | Merit Promotion Program |
| 00-63-3 | Employee Conduct |
| 00-63-4 | Equal Employment Opportunity |
| 00-64-1 | Employee Organizations |
| 00-64-2 | Political Activity |
| 00-65-1 | Position Classification (To each Class. Act employee)(Replaces 00-62-6) |

b. Employees for whom the letters were intended are encouraged to acquaint themselves with the contents and file them in their 'green' employment folders for further reference. As other letters are received they will be distributed for like action.

2. Station Publications

a. Station Personnel publications concerning continuing policy, procedure or directive are issued as numbered memorandum under the prefix '5'.

b. An Index of Personnel Program Numbered Memoranda was issued as Station Memorandum 5-1, Supplement 'A' (Revised), dated December 20, 1965. It was distributed to all supervisors and the President of AFGE Lodge 2107. The index and any of the publications listed are available to any employee who desires to review them.

3. Personnel Policy Manual MP-5, Part I, Part II, and DM&S Supplements:

a. These are available for review by employees. Chiefs should advise Supervisors and employees the location of the nearest reference copy available for their review.

b. Copies are also available for review in the Personnel Division.

4. Rescission:

Attachment 'A' to Station Memorandum 5-8, dated January 27, 1965.

DISTRIBUTION: B
X - 300 to 135
AFGE 2107

NAVAL RESERVE MANPOWER CENTER
Bainbridge, Maryland 21905

IN REPLY REFER TO:
203/JG:rs
1 JULY 1971

FROM: COMMANDING OFFICER, NAVAL RESERVE MANPOWER CENTER

TO: HMC DAVID FRANCIS BRINER, USN-RET
2251 LINDEN AVENUE
WAUKEGAN, IL 60085

SUBJ: RETIREMENT: NOTIFICATION OF

REF: (A) 10 USC 6331
(B) BUPERSMAN 3860440

ENCL: (1) CERTIFICATE OF RETIREMENT

1. PURSUANT TO THE PROVISIONS OF REFERENCES (A) AND (B), AND HAVING COMPLETED THIRTY YEARS' ACTIVE AND INACTIVE SERVICE. YOU ARE TRANSFERRED TO THE RETIRED LIST OF THE U. S. NAVY/NAVAL RESERVE EFFECTIVE 1 JULY 1971.

2. IF YOU HAVE EVER SERVED AS A COMMISSIONED OR WARRANT OFFICER IN EITHER A TEMPORARY OR PERMANENT STATUS, REFER TO THE INFORMATION ON THE REVERSE OF THIS LETTER.

R. J. Stankowski

R.J. STANKOWSKI
BY DIRECTION OF THE
CHIEF OF NAVAL PERSONNEL

| NAME *(Last, first, middle)* | RATE | BRANCH/CLASS | SERVICE NUMBER | SOCIAL SECURITY N |
|---|---|---|---|---|
| BRINER, DAVID FRANCIS | HMC | USN RET | 291 72 26 | 309 01 9791 |

**TRANSFER TO THE RETIRED LIST — NAVPERS 1830/4 (Rev. 12-70)**

PART 1 — LETTER OF TRANSMITTAL

## IMPORTANT NOTICE

SERVICE RECORDS AT THIS CENTER DO NOT ALWAYS CONTAIN INFORMATION CONCERNING SERVICE PERFORMED AS AN OFFICER. IF YOU HAVE EVER SERVED AS A COMMISSIONED OR WARRANT OFFICER, IN EITHER A TEMPORARY OR PERMANENT STATUS IN ANY OF THE ARMED FORCES, COMPLETE THE LOWER PORTION OF THIS NOTICE AND FORWARD IT TO THE CHIEF OF NAVAL PERSONNEL SO THAT YOUR STATUS ON THE RETIRED LIST CAN BE CLARIFIED.

UPON RECEIPT OF YOUR NOTIFICATION, A DETERMINATION WILL BE OBTAINED AS TO WHETHER YOUR SERVICE IN THE HIGHER GRADE WAS PERFORMED SATISFACTORILY. IF SO, YOU WILL BE ADVANCED ON THE RETIRED LIST AND YOUR RETIRED PAY WILL BE INCREASED RETROACTIVE TO THE DATE YOU WERE PLACED ON THE RETIRED LIST.

---

From: ______________________ (Name) ______________ (Service Number)

______________ (Social Security No.)

To: Chief of Naval Personnel (Pers-E3)
Navy Department
Washington, D. C. 20370

Subj: Service performed as an officer

1. I performed service as an officer in the grade of ______________ (WO, ENS, LTJG, LT, etc.) in the ______________ (USN, USNR, USA, etc.)

2. Approximate dates of this service were from ______________ (Month, year) to ______________ (Month, year)

______________________ (Signature)

______________________

______________________

______________________ (Address)

133-2B
Jaye

1930

VETERANS ADMINISTRATION
HOSPITAL
DOWNEY, ILLINOIS 60065

June 27, 1966

YOUR FILE REFERENCE:

IN REPLY REFER TO: 5105-135A

Mr.. David Briner
Nursing Service
V.A. Hospital
Downey, Illinois

Dear Mr. Briner:

The Employee Recognition Committee has approved your supervisor's recommendation that you be recognized for superior work performance during the past year. A Certificate and Cash Award have been approved. The cash award will be reflected in your salary check, the certificate is being prepared and will be delivered to you in the near future.

Superior employees are our most important asset and I am happy to recognize you for your contribution. Your excellent record is a credit to you, your service and to the Veterans Administration. We are sure that you will continue to maintain this high standard of work performance.

Sincerely,

W W Bourke
W. W. BOURKE, M.D.
Hospital Director

Award: Certificate
Cash Award $153.18

*Show veteran's full name and VA file number on all correspondence. If VA number is unknown, show service number.*

Breier, David

Veterans Administration
Washington, D.C. 20420

August 3, 1966

# VA REGULATIONS

## GENERAL--Transmittal Sheet 78, Change 1

NOTE TO EMPLOYEES: This material constitutes the first change to the VA Regulations, 800 series.

| Remove pages | Insert pages |
|---|---|
| 93 and 94 | 93-R and 94-R |

| Paragraph revised | Paragraphs added | Paragraphs canceled |
|---|---|---|
| 821 (H) | None | None |

## EXPLANATION

This change adds a second exception to the rule prohibiting purchase of VA property by VA employees and members of their families. It permits the purchase of the products of VA's manual arts and occupational therapy shops by employees and members of their families.

NOTE: One copy should be given to each employee.

By direction of the Administrator:

AH Monk
A. H. MONK
Acting Deputy Administrator

Distribution: RPC: 5209 VAW
FD EX: Employee organizations granted recognition under MP-5, pt. I, ch. 20.

(2) Employees must obtain from the supervisor for each absence from duty, approval in advance, or in case of emergency or illness, approval as soon as possible (in any event within 2 hours after the missed tour of duty begins). (Apr. 15, 1966)

(H) Purchase of VA Property. [Except for products of the manual arts and occupational therapy shops, and real estate in certain circumstances, an employee or a member of his family may not purchase VA-owned or VA-controlled property] sold by the VA or the General Services Administration. (Aug. 11, 1966)

(I) Use of Official Titles. An employee shall not use, or lend the use of, his name, official title or designation (relationship to the VA) to any commercial enterprise or to endorse any commercial product, or in any other way that might appear to the public to be intended to further the business interests of the user. He may, however, use these as identification in publications he authors, provided the views expressed are not made to appear as those of the agency unless so authorized. (Apr. 15, 1966)

(J) Use of Government Facilities, Materials and Manpower. An employee may not, except as specifically authorized, use Government facilities, materials and manpower for other than official purposes. (Apr. 15, 1966)

(K) Use of Automobile. An employee may not operate a Federally-owned motor vehicle improperly, recklessly, or in violation of traffic regulations; and on VA-occupied premises, may not so operate any motor vehicle. (Apr. 15, 1966)

(L) Civil Service Requirements. An employee may not violate the requirements of Civil Service law, rules, regulations, policies and standards administered by or subject to the jurisdiction of the Civil Service Commission (sec. 5.4, CS Rule V). (Apr. 15, 1966)

(M) Conduct of Employees in Foreign Countries

(1) VA employees serving in or traveling on official business in foreign countries must conduct themselves in a manner which does not offend the people of those countries.

(2) Station heads concerned will issue instructions as necessary to explain proper conduct, obtaining guidance as necessary from instructions of the local diplomatic mission of the State Department. (Apr. 15, 1966)

(N) Distributing Advertising and Unofficial Literature. An employee will not distribute literature or advertising matter on premises occupied by the VA except when authorized by VA management. (Apr. 15, 1966)

(O) Reporting Serious Irregularities and Criminal Acts. Each employee is responsible for reporting to the head of his department, staff office, or field station, (or directly and confidentially to the Administrator if he thinks his interests would otherwise be endangered) any evidence or information that gives him reasonable cause to suspect that a serious irregularity or any fraud, theft, or other criminal violation may have occurred in an activity of the VA. (Apr. 15, 1966)

822 (§0.735-22). OTHER CONFLICT OF INTEREST RESTRICTIONS.--Under Public Law 87-849 (18 U.S.C. 201-218), employees are subject to the following additional conflict of interest restrictions:

(A) An employee is prohibited, except in the discharge of his official duties, from representing anyone before a court or Government agency in a matter in which the United States is a party or has an interest, whether or not he is paid for such representation (18 U.S.C. 203 and 205). This does not preclude:

(1) representation of another employee, without compensation, who is the subject of disciplinary, loyalty, or other personnel administration proceedings, provided such representation is not inconsistent with the faithful performance of his duties;

(2) giving testimony under oath or making statements required to be made under penalty for perjury or contempt;

(3) representing with or without compensation, a parent, spouse, child, or person or estate he serves as fiduciary, if he has the approval of the official responsible for appointments to his position, and if the matter involved is neither one participated in personally or substantially nor one under his official responsibility. (Apr. 15, 1966)

(B) An employee is prohibited from participating in the course of his official duties in any matter in which he, his spouse, minor child, or any person or organization with whom he has an official business connection or is negotiating for employment, has a financial interest (18 U.S.C. 208). (Apr. 15, 1966)

(C) An employee is prohibited, when he leaves Federal employment, from representing anyone other than the United States in connection with a

☆U. S. GOVERNMENT PRINTING OFFICE : 1966 O - 252-198 (12)

RELEASE FROM ACTIVE DUTY AND TRANSFER TO INACTIVE DUTY IN FLEET RESERVE

CLASS F-6 (WITHOUT TRAVEL)

IND-NSHPT-261 (2-60) (1916)

PREPARED

DATE 5 JUNE 1961

FROM

Commanding Officer, U.S. Naval Station, Newport, R. I.

TO

BRINER, DAVID FRANCIS, 291 72 26, HMC, USN

REFERENCE (a) BUPERS MANUAL ART C-13408

(b) BUPERS LTR PERS-E314-LS:hsl of 10 MAY 1960

STATED HOME ADDRESS

222 NORTH UTICA STREET, WAUKEGAN, ILLINOIS

| YOUR COMMANDING OFFICER SUBSEQUENT TO THIS DATE | HIS ADDRESS IS |
|---|---|
| Commandant, 9TH Naval District | GREAT LAKES, ILLINOIS |

1. Examined and found physically qualified for release to inactive duty.

| DATE | MEDICAL OFFICER |
|---|---|
| | |

2. Detached. Proceed to your home. You will regard yourself as released from all active duty effective at 2400 on the below date, at which time you are transferred to inactive duty in class listed below, Fleet Reserve.

| EFFECTIVE DATE OF RELEASE | CLASS (Fleet Reserve) |
|---|---|
| 16 JUNE 1961 | F-6 |

3. Your "present address", the place at which you may be reached at any time by orders or other official communications will be as stated above. You may change your "present address" at any time but such change shall be reported promptly by letter to your commanding officer and to the Bureau of Supplies and Accounts, Field Branch (Special Payments Division), Cleveland 15, Ohio, in order that your retainer pay checks and official communications to you may not be delayed. Such notification shall include the same information prescribed in the following paragraph and, in addition, your old address as well as your new address.

4. On the basis of the "present address" set forth above, your commanding officer will be as shown above. Your service record will be maintained by that command and any questions regarding your status in the Fleet Reserve should be addressed to him and should include your full name, rate, service number, Fleet Reserve Class and "present address".

5. You will keep yourself in readiness to respond to orders to active duty in time of war or national emergency. You are advised that in time of peace you may be required to perform not more than 2 months active duty in each 4-year period. While on inactive duty you will be examined physically at least once during each 4-year period. Inform your commanding officer of any change in health which might prevent active service in time of war. You shall promptly answer all official correspondence addressed to you as such and shall comply with instructions contained therein. While on inactive duty you are subject at all times to the laws, regulations, and orders for the government of the Navy.

6. Permission to leave the United States for periods in excess of 30 days in time of war must be requested from the Chief of Naval Personnel, Department of the Navy, Washington 25, D. C., via your commanding officer. In time of peace, such permission must be requested from your commanding officer. You may not, however, visit belligerent countries at any time without prior approval of the Chief of Naval Personnel.

7. Permission to reside outside the United States or its territories or possessions for periods in excess of 6 months must also be requested from the Chief of Naval Personnel. Such requests must be submitted via your commanding officer and, if approved, permission to so reside will be for a period of 1 year only but may be renewed, upon request submitted prior to the expiration of the period for which previously granted, at the discretion of the Chief of Naval Personnel.

8. According to your service record, you were ordered to active duty from:

VALLEJO, CALIFORNIA

and your home of record at that time was:

WAUKEGAN, ILLINOIS

M.E. SADLER, CHSHIPCLK, USN
SEPARATION OFFICER
BY DIRECTION OF THE C. O.

COPIES TO:
SERVICE RECORD (1)
BUPERS (1)
DISBURSING OFFICER (2)
MEDICAL OFFICER (2)

| | | |
|---|---|---|
| *I certify that I have selected as my home upon transfer to the Fleet Reserve the following named place:* | NAME OF PLACE | |
| | ARRIVAL DATE | SIGNATURE (Fleet Reservist) |

CERTIFIED A TRUE COPY

M. E. SADLER

M. E. SADLER, CHSHIPCLK, USN

Exception to SF 50
Approved by Bureau of the Budget, Oct., 1964

# NOTIFICATION OF PERSONNEL ACTION

*(EMPLOYEE - See General Information on Reverse)*

| | | | | |
|---|---|---|---|---|
| 1. NAME, LAST - FIRST - MIDDLE<br>BRINER,DAVID F | MR. - MISS - MRS.<br>MR. | 2. STATION NO.<br>5105 | 3. BIRTH DATE<br>02-01-18 | 4. SOCIAL SECURITY NO.<br>309-01-9791 |

| | | | |
|---|---|---|---|
| 5. VETERAN PREFERENCE<br>2 — 1. NO 2. 5-PT. 3. 10-PT. DISAB. 4. 10-PT. COMP. 5. 10-PT. OTHER | 6. TENURE GROUP<br>1 | 7. SERVICE COMP. DATE<br>08-04-41 | 8. HANDICAP CODE<br>00 |
| 9. FEGLI<br>1 — 1. COVERED 2. INELIGIBLE 3. WAIVED | 10. RETIREMENT<br>1 — 1. CS 2. FICA 3. FS 4. NO 5. OTHER | 11. (For CSC use) | |

| | | | | |
|---|---|---|---|---|
| 12. CODE<br>702 | S.C. | NATURE OF ACTION<br>PROMOTION | NTE DATE | 13. EFF. DATE<br>08-27-67 |
| 14. CODE<br>H3 | CIVIL SERVICE OR OTHER LEGAL AUTHORITY<br>REG. 335.102 | | | |

| | | | | |
|---|---|---|---|---|
| 15. FROM - POSITION TITLE AND NO. | 16. PAY PL. OCCUP. CODE | 17. GRADE OR LEVEL | STEP RATE | 18. SALARY |
| NURSING ASSISTANT /PSYCHIATRY/<br>00236A | GS<br>0621 | 04 | 4 | PA $ 5,256 |

19. NAME AND LOCATION OF EMPLOYING OFFICE
VAH PROF SVCS NURSING SERVICE DOWNEY ILL

| | | | | |
|---|---|---|---|---|
| 20. TO - POSITION TITLE AND NO. | 21. PAY PL. OCCUP. CODE | 22. GRADE OR LEVEL | STEP RATE | 23. SALARY |
| SUPR CLERK<br>007790 | GS<br>0301 | 05 | 3 | PA $ 5,683 |

24. NAME AND LOCATION OF EMPLOYING OFFICE
VAH ADMIN SVCS MEDICAL ADMINISTRATION DIVISION DOWNEY ILL

| | |
|---|---|
| 25. DUTY STATION (City - State)<br>DOWNEY ILL | 26. LOCATION CODE<br>12-2445-097 |

| | | |
|---|---|---|
| 27. APPROPRIATION<br>8413.2580 | 28. POSITION OCCUPIED<br>1 — 1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE | 29. APPORTIONED POSITION<br>FROM — 1-PROVED-1 2-WAIVED-2 — TO — STATE |

30. REMARKS

| | |
|---|---|
| 31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only) | 34. SIGNATURE (Or other authentication) AND TITLE<br>PERSONNEL OFFICER 1577<br>ACTING |
| 32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office) | |
| 33. CODE EMPLOYING DEPARTMENT OR AGENCY<br>VA 00 Veterans Administration | 35. DATE<br>8-25-67 |

VA FORM SEP 1964 **5 - 4650**

EMPLOYEE COPY 1

# NOTICE TO EMPLOYEE

**KEEP THIS DOCUMENT FOR YOUR RECORDS. IT IS YOUR COPY OF THE OFFICIAL RECORD OF A PERSONNEL ACTION AFFECTING YOUR EMPLOYMENT. PROMPTLY CALL ANY ERROR TO THE ATTENTION OF YOUR SUPERVISOR OR YOUR PERSONNEL OFFICE.**

## I. Conditions Pertinent To All Types of Personnel Action

The personnel action identified on the face of this form is subject to all applicable laws, rules, and regulations governing Federal employment and may be subject to investigation and approval by the Civil Service Commission. The action may be corrected or canceled if not in accordance with all legal requirements, or if based upon your misrepresentation or fraud.

*In addition,* the grade of the position to which you are officially assigned may be reviewed and corrected by your agency personnel office, or by the Civil Service Commission.

Your performance rating upon entrance into a new position is "satisfactory" unless or until you are notified otherwise.

Items 9 and 10 show the common types of payroll deductions: "FEGLI" for Federal Employees Group Life Insurance, "CS" for Civil Service Retirement, "FICA" for Social Security, and "FS" for Foreign Service. Additional deductions may be made under the Federal Employees Health Benefits program, and for income taxes, bonds, and other purposes authorized by law.

## II. Information About Appointments

*Appointments to positions in the competitive service:* The Civil Service Act places most positions in the "competitive service." The Civil Service Commission sets qualification requirements and controls recruitment for such positions. As a general rule, persons selected from civil service registers to fill continuing jobs in the competitive service are given career-conditional appointments. Such appointments are secured through direct competition with other members of the general public seeking similar work in Government agencies, and permit qualified employees to be assigned without further competitive examination to other jobs in the competitive service. Career-conditional appointments become career appointments upon completion of 3 years of substantially continuous creditable service.

The first year following a nontemporary competitive appointment generally is a probationary period, during which period an appointee must demonstrate his full competence and fitness for Federal employment. Reinstatements are also subject to a probationary period unless one was previously completed. Transfers, promotions, changes to lower grade, and reassignments during a probationary period are subject to completion of probation.

Temporary appointments do not confer a civil service status and do not lead to a career or career-conditional appointment without some further examination or qualification. Limited temporary appointments are made when there is no continuing need for a person's service, regardless of the manner in which he qualified for appointment; acceptance of such appointment will not remove a person's name from a civil service register on which he may later be reached for career-conditional appointment.

*Appointments to positions in the excepted service.* Excepted appointments are made to positions which are excepted from the competitive service by law or other special authority. Generally the employing agency sets qualification requirements and conducts recruitment for such positions. Such appointments do not confer a competitive civil service status or eligibility for movement to jobs in the competitive service; they may be made without restrictions on tenure, with a conditional or indefinite limitation, or with a definite time limitation. A trial period may be required at the discretion of the employing office.

## III. Information About Tenure Groups

Employees are ranked in tenure groups according to the nature of their appointment; those with unrestricted tenure are placed in Group I, those serving under conditional appointments which automatically lead to full tenure after a prescribed time and without further qualification are placed in Group II, and those serving under temporary or indefinite appointments not limited to an exact time or date are placed in Group III. Within each tenure group, ranking is determined by veteran preference, performance rating, and total Federal service. If it should become necessary to reduce force, employees are selected for separation or change to lower grade according to this general ranking. Employees serving under competitive appointments and those serving under excepted appointments are ranked separately for reduction in force purposes.

## IV. Information About Your Status After Separation

If you are separated or placed in a nonpay status for an extended period, your employing agency will furnish you with Standard Form 8 explaining your rights for unemployment insurance benefits. If you were covered by the civil service retirement system or Federal employees' group life insurance, you have previously been furnished certificates describing those programs; you can refer to such certificates for information regarding your rights and possible benefits after separation.

If you are separated from a career or career-conditional appointment, you may have reinstatement eligibility and can apply directly to any Federal activity and may be employed without further competitive examination; if you are a nonveteran and you are separated from a career-conditional appointment your eligibility for reinstatement is generally limited to 3 years from the date of separation. If you are separated from a temporary or excepted appointment, you have no reinstatement privileges based upon such service.

You will be given any lump sum payment that may be due you for annual leave at the time of separation. Refund of an appropriate portion of this payment will be required if you are reemployed in a Federal agency in a position under the same leave system during the period covered by such payment.

## V. Availability of Further Information

Consult your supervisor if you have questions about the above statements or the entries on the front of this form, or about other matters concerning your employment. This is particularly important on questions involving granting of leave, assignment of duties, and hours of work which are generally under his control. If your questions are technical, your supervisor may refer you to your personnel office, which will have copies of controlling civil service regulations, as well as your individual records, and so can best explain how they apply in your case.

# POSITION DESCRIPTION

Nursing Assistant (Psychiatry)
5105-10236 GS-621-4
Nursing Service

November 2, 1961

Veterans Administration Hospital

## I. PRINCIPLE DUTIES AND RESPONSIBILITIES

I perform nursing duties not requiring the knowledge, judgment, and skill of a professional Nurse in the care of psychiatric patients. In addition to those duties in Position Description for Nursing Assistant (Psychiatry) GS-3, my assignments include:

a. I teach patients selected care activities pertaining to daily living. This may be done with individual patients or with small groups.

b. I teach and guide patients to independently manage his own personal belongings, e.g. personal clothes, weekly cash allowances, etc.

c. I am assigned to small groups of patients who require special attention because of treatments received e.g. medications, electro-convulsive therapy, restraint, etc. Patients who are extremely suicidal or acutely disturbed from delusions or hallucinations, also require such close observations. The withdrawn patients also require special effort on my part to promote social interaction.

d. I may be assigned to one or two patients who have special problems relative to hospital adjustment, or have greater potential for rehabilitation. I recognize the value of such a direct relationship and am able to function in this role with guidance and support from the Nurse and/or patients' therapists.

e. I select groups of patients for special activities, am expected to recognize the need for activity during idle hours of the patient. I must have and demonstrate ingenuity to start acceptable programs and motivate patients participation.

f. I assist in identifying patients' reaction to treatment. My continual observations and awareness of what is a change in the patients' behavior enables me to help plan ward treatment programs. I make notations on the nursing care plan relative to the patients' special interests and abilities. I may also be asked to note my observations in the Nurse's Notes.

g. Upon delegation by the Nurse, I am responsible for short periods of time during her absence for the management of the patient area. I summon her assistance when the care of the patient(s) is beyond the scope of my ability.

h. I may have responsibility for management of a ward where a registered nurse is not assigned. Such assignments occur most frequently on the Evening and Night Tours of Duty where a nurse has responsibility for more than one building. I have immediate responsibility for the nursing care and welfare of the patient; for maintaining a safe and healthy environment and must safeguard government property and the personal effects of patients. During visits by the nurse and/or physician I report the patients and/or ward needs that require attention. I am responsible for observing and reporting on the condition, behavior, attitude and progress of all patients housed on the ward. In an effort to establish proper habits, I encourage patients to take pride in neatness and cleanliness of the ward. I do not supervise other employees.

i. In addition to duties described when assigned to the NP Medical and Surgical Infirmary Service, I give care to a small group of patients who require a high degree of specialized and diversified skill, knowledge and understanding, such as in the care of the immediate post-operative, cardiac, diabetic or uremic coma or patient who is in shock. I constantly observe and report change in temperature, pulse, respiration and blood pressure, watch for respiratory failure and in the absence of a Nurse or Physician give artificial respiration if necessary, observe for cardinal signes of hemorrhage or cardiac failure, determine proper functioning of tidal drainage, alternating drainage and suction, and continual tubal feedings. I give patient care to those receiving continual parenteral fluids or who are on special orthopedic frames or traction where special knowledge of lift ing, support and body alignment are of paramount concern.

j. I assist the Nurse and/or Physician in caring for patients who are seriously ill and receiving parenteral fluids, suction, tidal drainage, etc., by assembling equipment and supplies such as parenteral fluids and serum, sterile dressings, and instruments, applying external heat, placing medications, instruments and articles needed within reach of the Physician and Nurse and by remaining with the patient to observe for symptoms or change.

k. Under the close supervision of the Nurse, using proper aseptic techniques, I irrigate bladders of patient following individual instructions for each treatment of each patient.

## II. SUPERVISORY CONTROLS OVER THE POSITION:

I am under the general supervision of the Registered Nurse on the ward who provides further instruction and guidance. My assignments are posted on VA Form 10-2917, Daily Assignments Nursing Unit Personnel. Because of my experience and training and close working relationship with the Nurse, many instructions relative to patient care are given to me verbally.

## III. OTHER SIGNIFICANT FACTS:

I must have at least two years of experience at lower grade. Also, I must have satisfactorily completed additional minimum 40 hours of instruction (advanced) with correlated ward practice under Professional Nurse Supervision.

Also, my work is not reviewed as frequently or as intensely as that of lower grades. Thus, my interpretation of patient behavior and my decision as to management of the patients must be reliable and require more independent judgment.

When assigned to the NP Medical and Surgical Infirmary Service I must have had sufficient experience and demonstrated knowledge and ability to perform the medical techniques described above.

# GS-4 PERFORMANCE REQUIREMENTS
March, 1963

## I. DEPENDABILITY

1. Usually can be depended upon to use discretion and to be loyal to the policies of the hospital.
2. Generally is prompt in summoning nurse for assistance when care of patient is beyond his scope of ability.
3. Seldom needs to be reminded of special routines or patient care assignments.
4. Usually prompt in reporting on and off duty and in following the policy for sick, annual and emergency leave without abuse.

## II. SKILL, APPLICATION OF PROCEDURE AND TECHNIQUE

1. Understands and usually applies principals and accepted procedure of nursing care pertaining to patients' needs in daily living, medical or surgical care, changes in physical condition or behavior patters.
2. Generally has a good approach to and knowledge of procedures to be used with hyperactive, assaultive, suicidal, eloper, negativistic, and geriatric patients.
3. Usually assumes responsibility for ward environment - general cleanliness, ventilation, lighting, furniture arrangment, etc. and generally exercises precautions for safety of patients and personnel.
4. Almost always has understanding of assigned patients' general needs and is usually able to motivate these patients in daily living activities, social interaction or participation in planned programs.
5. Usually assumes responsibility for proper use, daily care and general maintenence of equipment.

## III. GOOD RELATIONSHIPS WITH PATIENTS, VISITORS AND CO-WORKERS

1. Is almost always courteous and polite.
2. Usually works cooperatively with others and attempts to give assistance as necessary.
3. Generally looks after and protects patients' belongings.
4. Is usually discerning in communication.
5. Usually serves as an example to co-workers.

## IV. OBSERVATION AND REPORTING

1. Usually observes patients and reports to nurse on her designee changes in behavior, physical condition or symptoms, signs of progress and results of attempts to motivate patients to assume more personal responsibility.
2. Almost always relays the instructions of the nurse to other hospital aides in a clear, accurate and tactful way.
3. Generally shows leadership ability.
4. Reports are usually clear, concise and inclusive.

## V. OTHER

1. Generally recognizes the importance of physical environment and patient differences.
2. Demonstrates the ability to organize and co-ordinate work.
3. As a regular recurring duty, usually initiates, assists with, participates in and guides appropriate diversional and social activities.
4. Generally takes advantage of opportunities for learning.
5. Almost always adjusts well to different and difficult situations.
6. For the most part has an understanding of the overall needs of the Service and a mature approach to hospital and ward policies.
7. Is usually properly groomed and in prescribed uniform or appropriate dress.

133-28
days

# NOTIFICATION OF PERSONNEL ACTION

*(EMPLOYEE - See General Information on Reverse)*

*Exception to SF 50*
*Approved by Bureau of the Budget, Oct., 1964*

| | | | |
|---|---|---|---|
| 1. NAME, LAST - FIRST - MIDDLE<br>BRINER, DAVID F | MR. - MISS - MRS.<br>MR. | 2. STATION NO.<br>5105 | 3. BIRTH DATE<br>02-01-18 |
| 4. SOCIAL SECURITY NO.<br>309-01-9791 | | | |

| | | | |
|---|---|---|---|
| 5. VETERAN PREFERENCE<br>2 — 1. NO 2. 5-PT. 3. 10-PT. DISAB. 4. 10-PT. COMP. 5. 10-PT. OTHER | 6. TENURE GROUP<br>1 | 7. SERVICE COMP. DATE<br>08-04-41 | 8. HANDICAP CODE<br>00 |
| 9. FEGLI<br>1 — 1. COVERED 2. INELIGIBLE 3. WAIVED | 10. RETIREMENT<br>1 — 1. CS 2. FICA 3. FS 4. NO 5. OTHER | 11. (For CSC use) | |

| 12. CODE | S.C. | NATURE OF ACTION | NTE DATE | 13. EFF. DATE |
|---|---|---|---|---|
| 002 | | CORRECTION | | |
| 893 | | WITHIN-GRADE INCREASE | | 01-02-66 |

14. CODE CIVIL SERVICE OR OTHER LEGAL AUTHORITY

| 15. FROM - POSITION TITLE AND NO. | 16. PAY PL. OCCUP. CODE | 17. GRADE OR LEVEL | STEP RATE | 18. SALARY |
|---|---|---|---|---|
| | | | | |

19. NAME AND LOCATION OF EMPLOYING OFFICE

| 20. TO - POSITION TITLE AND NO. | 21. PAY PL. OCCUP. CODE | 22. GRADE OR LEVEL | STEP RATE | 23. SALARY |
|---|---|---|---|---|
| NURSING ASSISTANT /PSYCHIATRY/<br>10236A00 | GS<br>0621 | 04 | 4 | PA $ 5,109 |

24. NAME AND LOCATION OF EMPLOYING OFFICE
VAH PROF SVCS NURSING SERVICE DOWNEY ILL

| | |
|---|---|
| 25. DUTY STATION (City - State)<br>DOWNEY ILL | 26. LOCATION CODE<br>12-2445-097 |

| | | |
|---|---|---|
| 27. APPROPRIATION<br>8241.2130 | 28. POSITION OCCUPIED<br>1 — 1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE | 29. APPORTIONED POSITION<br>FROM 1-PROVED-1 2-WAIVED-2 TO STATE |

30. REMARKS
CORRECTS ITEM/S/ * 7 ON VA FORM 5-4650 DATED *12/30/65 WHICH READ * 08-03-41.

| | |
|---|---|
| 31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only) | 34. SIGNATURE (Or other authentication) AND TITLE<br>Asst. PERSONNEL OFFICER 1577 |
| 32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office) | |
| 33. CODE EMPLOYING DEPARTMENT OR AGENCY<br>VA 00 Veterans Administration | 35. DATE<br>03/21/66 |

VA FORM 5 - 4650
SEP 1964

EMPLOYEE COPY 1

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*In addition*, the grade of the position to which you are officially assigned may be reviewed and corrected by your agency personnel office, or by the Civil Service Commission.

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The first year following a nontemporary competitive appointment generally is a probationary period, during which period an appointee must demonstrate his full competence and fitness for Federal employment. Reinstatements are also subject to a probationary period unless one was previously completed. Transfers, promotions, changes to lower grade, and reassignments during a probationary period are subject to completion of probation.

Temporary appointments do not confer a civil service status and do not lead to a career or career-conditional appointment without some further examination or qualification. Limited temporary appointments are made when there is no continuing need for a person's service, regardless of the manner in which he qualified for appointment; acceptance of such appointment will not remove a person's name from a civil service register on which he may later be reached for career-conditional appointment.

*Appointments to positions in the excepted service.* Excepted appointments are made to positions which are excepted from the competitive service by law or other special authority. Generally the employing agency sets qualification requirements and conducts recruitment for such positions. Such appointments do not confer a competitive civil service status or eligibility for movement to jobs in the competitive service; they may be made without restrictions on tenure, with a conditional or indefinite limitation, or with a definite time limitation. A trial period may be required at the discretion of the employing office.

## III. Information About Tenure Groups

Employees are ranked in tenure groups according to the nature of their appointment; those with unrestricted tenure are placed in Group I, those serving under conditional appointments which automatically lead to full tenure after a prescribed time and without further qualification are placed in Group II, and those serving under temporary or indefinite appointments not limited to an exact time or date are placed in Group III. Within each tenure group, ranking is determined by veteran preference, performance rating, and total Federal service. If it should become necessary to reduce force, employees are selected for separation or change to lower grade according to this general ranking. Employees serving under competitive appointments and those serving under excepted appointments are ranked separately for reduction in force purposes.

## IV. Information About Your Status After Separation

If you are separated or placed in a nonpay status for an extended period, your employing agency will furnish you with Standard Form 8 explaining your rights for unemployment insurance benefits. If you were covered by the civil service retirement system or Federal employees' group life insurance, you have previously been furnished certificates describing those programs; you can refer to such certificates for information regarding your rights and possible benefits after separation.

If you are separated from a career or career-conditional appointment, you may have reinstatement eligibility and can apply directly to any Federal activity and may be employed without further competitive examination; if you are a nonveteran and you are separated from a career-conditional appointment your eligibility for reinstatement is generally limited to 3 years from the date of separation. If you are separated from a temporary or excepted appointment, you have no reinstatement privileges based upon such service.

You will be given any lump sum payment that may be due you for annual leave at the time of separation. Refund of an appropriate portion of this payment will be required if you are reemployed in a Federal agency in a position under the same leave system during the period covered by such payment.

## V. Availability of Further Information

Consult your supervisor if you have questions about the above statements or the entries on the front of this form, or about other matters concerning your employment. This is particularly important on questions involving granting of leave, assignment of duties, and hours of work which are generally under his control. If your questions are technical, your supervisor may refer you to your personnel office, which will have copies of controlling civil service regulations, as well as your individual records, and so can best explain how they apply in your case.

133 Days

# NOTIFICATION OF PERSONNEL ACTION

*Exception to SF 50*
*Approved by Bureau of the Budget, Oct., 1964*

*(EMPLOYEE - See General Information on Reverse)*

| | | | | |
|---|---|---|---|---|
| 1. NAME, LAST - FIRST - MIDDLE<br>BRINER, DAVID F | MR. - MISS - MRS.<br>MR. | 2. STATION NO.<br>5105 | 3. BIRTH DATE<br>02-01-18 | 4. SOCIAL SECURITY NO.<br>309-01-9791 |

| | | | |
|---|---|---|---|
| 5. VETERAN PREFERENCE<br>2 — *1. NO 2. 5-PT. 3. 10-PT. DISAB. 4. 10-PT. COMP. 5. 10-PT. OTHER* | 6. TENURE GROUP<br>1 | 7. SERVICE COMP. DATE<br>08-03-41 | 8. HANDICAP CODE<br>00 |

| | | |
|---|---|---|
| 9. FEGLI<br>1 — *1. COVERED 2. INELIGIBLE 3. WAIVED* | 10. RETIREMENT<br>1 — *1. CS 2. FICA 3. FS 4. NO 5. OTHER* | 11. *(For CSC use)* |

| 12. CODE | S.C. | NATURE OF ACTION | NTE DATE | 13. EFF. DATE |
|---|---|---|---|---|
| 893 | | WITHIN-GRADE INCREASE | | 01-02-66 |

| 14. CODE | CIVIL SERVICE OR OTHER LEGAL AUTHORITY |
|---|---|
| T3 | SEC. 701 /A/ CLASSIFICATION ACT OF 1949 AS AMENDED |

| 15. FROM - POSITION TITLE AND NO. | 16. PAY PL. OCCUP. CODE | 17. GRADE OR LEVEL | STEP RATE | 18. SALARY |
|---|---|---|---|---|
| NURSING ASSISTANT /PSYCHIATRY/<br>10236A00 | GS<br>0621 | 04 | 3 | PA $ 4,953 |

19. NAME AND LOCATION OF EMPLOYING OFFICE
VAH PROF SVCS NURSING SERVICE DOWNEY ILL

| 20. TO - POSITION TITLE AND NO. | 21. PAY PL. OCCUP. CODE | 22. GRADE OR LEVEL | STEP RATE | 23. SALARY |
|---|---|---|---|---|
| NURSING ASSISTANT /PSYCHIATRY/<br>10236A00 | GS<br>0621 | 04 | 4 | PA $ 5,109 |

24. NAME AND LOCATION OF EMPLOYING OFFICE
VAH PROF SVCS NURSING SERVICE DOWNEY ILL

| | |
|---|---|
| 25. DUTY STATION *(City - State)*<br>DOWNEY ILL | 26. LOCATION CODE<br>12-2445-097 |

| | | |
|---|---|---|
| 27. APPROPRIATION<br>8241.2130 | 28. POSITION OCCUPIED<br>1 — *1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE* | 29. APPORTIONED POSITION<br>FROM TO STATE<br>*1-PROVED-1 2-WAIVED-2* |

30. REMARKS
WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE

Marian C. Reid, R.N.
MARIAN C. REID, R.N. Supervisor, Nursing Service
SIGNATURE AND TITLE DATE* 12/9/65

| | |
|---|---|
| 31. DATE OF APPOINTMENT AFFIDAVIT *(Accessions only)* | 34. SIGNATURE *(Or other authentication)* AND TITLE<br>J E Griffin<br>PERSONNEL OFFICER 1577 |
| 32. OFFICE MAINTAINING PERSONNEL FOLDER *(If different from employing office)* | |
| 33. CODE EMPLOYING DEPARTMENT OR AGENCY<br>VA 00 Veterans Administration | 35. DATE<br>12/30/65 |

VA FORM SEP 1964 **5 - 4650** EMPLOYEE COPY 1

## NOTICE TO EMPLOYEE

**KEEP THIS DOCUMENT FOR YOUR RECORDS. IT IS YOUR COPY OF THE OFFICIAL RECORD OF A PERSONNEL ACTION AFFECTING YOUR EMPLOYMENT. PROMPTLY CALL ANY ERROR TO THE ATTENTION OF YOUR SUPERVISOR OR YOUR PERSONNEL OFFICE.**

### I. Conditions Pertinent To All Types of Personnel Action

The personnel action identified on the face of this form is subject to all applicable laws, rules, and regulations governing Federal employment and may be subject to investigation and approval by the Civil Service Commission. The action may be corrected or canceled if not in accordance with all legal requirements, or if based upon your misrepresentation or fraud.

*In addition,* the grade of the position to which you are officially assigned may be reviewed and corrected by your agency personnel office, or by the Civil Service Commission.

Your performance rating upon entrance into a new position is "satisfactory" unless or until you are notified otherwise.

Items 9 and 10 show the common types of payroll deductions: "FEGLI" for Federal Employees Group Life Insurance, "CS" for Civil Service Retirement, "FICA" for Social Security, and "FS" for Foreign Service. Additional deductions may be made under the Federal Employees Health Benefits program, and for income taxes, bonds, and other purposes authorized by law.

### II. Information About Appointments

*Appointments to positions in the competitive service:* The Civil Service Act places most positions in the "competitive service." The Civil Service Commission sets qualification requirements and controls recruitment for such positions. As a general rule, persons selected from civil service registers to fill continuing jobs in the competitive service are given career-conditional appointments. Such appointments are secured through direct competition with other members of the general public seeking similar work in Government agencies, and permit qualified employees to be assigned without further competitive examination to other jobs in the competitive service. Career-conditional appointments become career appointments upon completion of 3 years of substantially continuous creditable service.

The first year following a nontemporary competitive appointment generally is a probationary period, during which period an appointee must demonstrate his full competence and fitness for Federal employment. Reinstatements are also subject to a probationary period unless one was previously completed. Transfers, promotions, changes to lower grade, and reassignments during a probationary period are subject to completion of probation.

Temporary appointments do not confer a civil service status and do not lead to a career or career-conditional appointment without some further examination or qualification. Limited temporary appointments are made when there is no continuing need for a person's service, regardless of the manner in which he qualified for appointment; acceptance of such appointment will not remove a person's name from a civil service register on which he may later be reached for career-conditional appointment.

*Appointments to positions in the excepted service.* Excepted appointments are made to positions which are excepted from the competitive service by law or other special authority. Generally the employing agency sets qualification requirements and conducts recruitment for such positions. Such appointments do not confer a competitive civil service status or eligibility for movement to jobs in the competitive service; they may be made without restrictions on tenure, with a conditional or indefinite limitation, or with a definite time limitation. A trial period may be required at the discretion of the employing office.

### III. Information About Tenure Groups

Employees are ranked in tenure groups according to the nature of their appointment; those with unrestricted tenure are placed in Group I, those serving under conditional appointments which automatically lead to full tenure after a prescribed time and without further qualification are placed in Group II, and those serving under temporary or indefinite appointments not limited to an exact time or date are placed in Group III. Within each tenure group, ranking is determined by veteran preference, performance rating, and total Federal service. If it should become necessary to reduce force, employees are selected for separation or change to lower grade according to this general ranking. Employees serving under competitive appointments and those serving under excepted appointments are ranked separately for reduction in force purposes.

### IV. Information About Your Status After Separation

If you are separated or placed in a nonpay status for an extended period, your employing agency will furnish you with Standard Form 8 explaining your rights for unemployment insurance benefits. If you were covered by the civil service retirement system or Federal employees' group life insurance, you have previously been furnished certificates describing those programs; you can refer to such certificates for information regarding your rights and possible benefits after separation.

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You will be given any lump-sum payment that may be due you for annual leave at the time of separation. Refund of an appropriate portion of this payment will be required if you are reemployed in a Federal agency in a position under the same leave system during the period covered by such payment.

### V. Availability of Further Information

Consult your supervisor if you have questions about the above statements or the entries on the front of this form, or about other matters concerning your employment. This is particularly important on questions involving granting of leave, assignment of duties, and hours of work which are generally under his control. If your questions are technical, your supervisor may refer you to your personnel office, which will have copies of controlling civil service regulations, as well as your individual records, and so can best explain how they apply in your case.

133-2B

*Exception to SF 50*
*Approved by Bureau of the Budget, Oct., 1964*

# NOTIFICATION OF PERSONNEL ACTION

*(EMPLOYEE - See General Information on Reverse)*

| | | | | |
|---|---|---|---|---|
| 1. NAME, LAST - FIRST - MIDDLE<br>BRINER,DAVID F | MR. - MISS - MRS.<br>MR. | 2. STATION NO.<br>5105 | 3. BIRTH DATE<br>02-01-18 | 4. SOCIAL SECURITY NO.<br>309-01-9791 |
| 5. VETERAN PREFERENCE<br>2 &#124; 1. NO 2. 5-PT. 3. 10-PT. DISAB. 4. 10-PT. COMP. 5. 10-PT. OTHER | | 6. TENURE GROUP<br>1 | 7. SERVICE COMP. DATE<br>08-03-41 | 8. HANDICAP CODE<br>00 |
| 9. FEGLI<br>1 &#124; 1. COVERED 2. INELIGIBLE 3. WAIVED | | 10. RETIREMENT<br>1 &#124; 1. CS 2. FICA 3. FS 4. NO 5. OTHER | | 11. (For CSC use) |

| 12. CODE | S.C. | NATURE OF ACTION | NTE DATE | 13. EFF. DATE |
|---|---|---|---|---|
| 894 | | PAY ADJUSTMENT | | 10-10-65 |

| 14. CODE | CIVIL SERVICE OR OTHER LEGAL AUTHORITY |
|---|---|
| T6 | P.L. 89-301 |

| 15. FROM - POSITION TITLE AND NO. | 16. PAY PL. OCCUP. CODE | 17. GRADE OR LEVEL | STEP RATE | 18. SALARY |
|---|---|---|---|---|
| NURSING ASSISTANT /PSYCHIATRY/<br>10236A00 | GS<br>0621 | 04 | 3 | PA $ 4,780 |

19. NAME AND LOCATION OF EMPLOYING OFFICE
VAH PROF SVCS NURSING SERVICE DOWNEY ILL

| 20. TO - POSITION TITLE AND NO. | 21. PAY PL. OCCUP. CODE | 22. GRADE OR LEVEL | STEP RATE | 23. SALARY |
|---|---|---|---|---|
| NURSING ASSISTANT /PSYCHIATRY/<br>10236A00 | GS<br>0621 | 04 | 3 | PA $ 4,953 |

24. NAME AND LOCATION OF EMPLOYING OFFICE
VAH PROF SVCS NURSING SERVICE DOWNEY ILL

| 25. DUTY STATION (City - State) | 26. LOCATION CODE |
|---|---|
| DOWNEY ILL | 12-2445-097 |

| 27. APPROPRIATION | 28. POSITION OCCUPIED | 29. APPORTIONED POSITION |
|---|---|---|
| 8241.2130 | 1 &#124; 1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE | FROM 1-PROVED-1 2-WAIVED-2 TO STATE |

30. REMARKS

| | |
|---|---|
| 31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only) | 34. SIGNATURE (Or other authentication) AND TITLE<br>J E Griffin<br>PERSONNEL OFFICER 1577 |
| 32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office) | |
| 33. CODE EMPLOYING DEPARTMENT OR AGENCY<br>VA 00 Veterans Administration | 35. DATE<br>10/29/65 |

VA FORM SEP 1964 **5 - 4650**

EMPLOYEE COPY

## NOTICE TO EMPLOYEE

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If you are separated or placed in a nonpay status for an extended period, your employing agency will furnish you with Standard Form 8 explaining your rights for unemployment insurance benefits. If you were covered by the civil service retirement system or Federal employees' group life insurance, you have previously been furnished certificates describing those programs; you can refer to such certificates for information regarding your rights and possible benefits after separation.

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You will be given any lump sum payment that may be due you for annual leave at the time of separation. Refund of an appropriate portion of this payment will be required if you are reemployed in a Federal agency in a position under the same leave system during the period covered by such payment.

### V. Availability of Further Information

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2.30 .23 3.45 ot

| | | | |
|---|---|---|---|
| 1. Organization 5105<br>VETERANS ADMINISTRATION Hosp. Downey, Ill. | 2. Payroll period<br>2-13-65 | 3. Block No.<br>A01 | 4. Slip No.<br>5 |
| 5. Employee's name<br>D. F. Briner | 6. (For agency use)<br>10750 | 7. Social Security No. | |

## PART A—NOTIFICATION OF BASIC PAY CHANGE

| | | | |
|---|---|---|---|
| 8. Nature of action<br>CODE<br>892 Quality increase<br>893 Within gr. increase<br>894 Pay adjustment<br>896 Administrative pay increase<br>897 Administrative pay decrease<br>Other (*Specify*) | 9. Effective date | 10. Date of last equiv. increase | 11. Old salary |
| 12. (For agency use) | 13. Grade or level<br>GS-4 | 14. Step or rate<br>3 | 15. New salary<br>$4780 pa |
| ☐ 16. Work is of an acceptable level of competence.<br>☐ 17. Performance is satisfactory or better. | 18. Signature | | Date |

## PART B—DATA ON UNPAID ABSENCE

| | | | |
|---|---|---|---|
| 19. Period(s) | 20. Total excess | 21. In pay status at end of waiting period?<br>☐ 1. Yes 2. No | 22. Initials |

## PART C—PAYROLL CHANGE DATA

241-1090

| | BASE PAY | OVERTIME | | GROSS PAY | RET. | FED. TAX<br>B | BOND | F.I.C.A. | ST. TAX | LIFE INS. | HEALTH | QS&L | NET PAY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 30 23. Prev. norm. | 184.00 | | | 184.00 | 11.96 | 26.00 | | | | 1.25 | 7.88 | | 136.91 |
| " 24. New norm. | 184.00 | | | 184.00 | 11.96 | 36.00 | | | | 1.25 | 7.88 | | 126.91 " |
| " 25. This prd. | | | | | | | | | | | | | DITTO " |

26. Remarks

Chg tax code fr 0 to 0 + $10.00 eff. 1-31-65

27. Appropriation(s)

28. Prepared by m

29. Audited by

PAYROLL CHANGE SLIP—EMPLOYEE'S COPY

STANDARD FORM NO. 1126a (5-part)
6 GAO 8000 1126-214

☆ GPO: 1964-716-320

2.30 .23 3.45 ot

| | | | |
|---|---|---|---|
| 1. Organization<br>VETERANS ADMINISTRATION Hosp. Downey, Ill. 5105 | 2. Payroll period<br>1-16-65 | 3. Block No.<br>A01 | 4. Slip No.<br>5 |
| 5. Employee's name<br>D. F. Briner | 6. (For agency use)<br>10750 | 7. Social Security No. | |

## PART A—NOTIFICATION OF BASIC PAY CHANGE

| | | | |
|---|---|---|---|
| 8. Nature of action<br>CODE<br>892 Quality increase<br>893 Within gr. increase<br>894 Pay adjustment<br>896 Administrative pay increase<br>897 Administrative pay decrease<br>Other (*Specify*) | 9. Effective date | 10. Date of last equiv. increase | 11. Old salary |
| 12. (For agency use) | 13. Grade or level<br>GS-4 | 14. Step or rate<br>3 | 15. New salary<br>$4780 |
| 16. Work is of an acceptable level of competence.<br>17. Performance is satisfactory or better. | 18. Signature | | Date |

## PART B—DATA ON UNPAID ABSENCE

| | | | |
|---|---|---|---|
| 19. Period(s) | 20. Total excess | 21. In pay status at end of waiting period?<br>1. Yes 2. No | 22. Initials |

## PART C—PAYROLL CHANGE DATA 241-1090

| | BASE PAY | OVERTIME | | GROSS PAY | RET. | FED. TAX<br>0 | BOND | F.I.C.A. | ST. TAX | LIFE INS. | HEALTH | QS&L | NET PAY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 23. Prev. norm. | 169.60 | | | 169.60 | 11.02 | 23.80 | | | | 1.25 | 7.88 | | 125.65 |
| 24. New norm. | 184.00 | | | 184.00 | 11.96 | 26.00 | | | | 1.25 | 7.88 | | 136.91 |
| 25. This prd. | | | | | | | | | | | | | DITTO |

102
312
l
"
"

26. Remarks

Promotion eff. 1-3-65 per JA dtd 12-31-64 fr GS-3/4 $4410 pa.

27. Appropriation(s)

28. Prepared by m

29. Audited by l

PAYROLL CHANGE SLIP—EMPLOYEE'S COPY

STANDARD FORM NO. 1126a (5-part)
6 GAO 8000 1126-214

☆ GPO: 1964—716-320

2.12 .21 3.18 ot

| | | | |
|---|---|---|---|
| 1. Organization<br>VETERANS ADMINISTRATION Hosp. Downey, Ill. 5105 | 2. Payroll period<br>1-2-65 | 3. Block No.<br>A01 | 4. Slip No.<br>7 |
| 5. Employee's name<br>D. F. Briner | 6. (For agency use)<br>10750 | 7. Social Security No. | |

## PART A—NOTIFICATION OF BASIC PAY CHANGE

| | | | |
|---|---|---|---|
| 8. Nature of action<br>CODE<br>892 Quality increase<br>893 Within gr. increase<br>894 Pay adjustment<br>896 Administrative pay increase<br>897 Administrative pay decrease<br>Other (*Specify*) | 9. Effective date | 10. Date of last equiv. increase | 11. Old salary |
| 12. (For agency use) | 13. Grade or level<br>GS-3 | 14. Step or rate<br>4 | 15. New salary<br>$4410 pa |
| ☐ 16. Work is of an acceptable level of competence.<br>☐ 17. Performance is satisfactory or better. | 18. Signature | | Date |

## PART B—DATA ON UNPAID ABSENCE

| | | | |
|---|---|---|---|
| 19. Period(s) | 20. Total excess | 21. In pay status at end of waiting period?<br>☐ 1. Yes 2. No | 22. Initials |

## PART C—PAYROLL CHANGE DATA 241-1090

| | BASE PAY | OVERTIME | | GROSS PAY | RET. | FED. TAX<br>0 | BOND | F.I.C.A. | ST. TAX | LIFE INS. | HEALTH | QS&L | NET PAY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 80 23. Prev. norm. | 169.60 | | | 169.60 | 11.02 | 20.20 | | | | 1.25 | 7.88 | | 129.25 102 312 |
| " 24. New norm. | 169.60 | | | 169.60 | 11.02 | 23.80 | | | | 1.25 | 7.88 | | 125.65 " |
| " 25. This prd. | | | | | | | | | | | | | DITTO " |

| | |
|---|---|
| 26. Remarks<br>Chg tax code fr 1 eff. 12-20-64 | 27. Appropriation(s)<br>28. Prepared by m<br>29. Audited by |

PAYROLL CHANGE SLIP—EMPLOYEE'S COPY

STANDARD FORM NO. 1126a (5-part)
6 GAO 8000 1126-214

✡ GPO: 1964—716-320

2.02 .21 3.03

1. Agency and organizational designations
VETERANS ADMINISTRATION Hospital, Downey, Ill. 8411.3000

2. Payroll period
2-1-64

3. Block No.
A01

4. Slip No. 9

10750

5. Employee's name and social security number
BRINER, David F. SS#309-01-9791m N.A.#9363-58

6. Grade and salary
GS-03/04 XXXXXXX pa$4195

PAYROLL CHANGE DATA 8411.30-1090

| | BASE PAY | OVERTIME | | GROSS PAY | RET. | FEDERAL TAX 1 | BOND | F. I. C. A. | STATE TAX | GROUP LIFE INS. | HEALTH BENEFITS | Q S & L | NET PAY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7. Previous normal | 157.60 | | | 157.60 | 10.24 | 23.80 | | | | 1.25 | 5.82 | | 116.49 |
| 8. New normal | 161.60 | | | 161.60 | 10.50 | 24.50 | | | | " | " | | 119.53 |
| 9. Pay this period | | | | | | | | | | | | | DITTO |

80 102 312
" "
" "

10. Remarks:
Sect. 701 Class Act of 1949, as amended

11. Appropriation(s)
3640160.001

12. Prepared by
m

13. Audited by
a

☒ Within-grade-increase ☐ Pay adjustment ☐ Other step-increase

| 14. Effective date | 15. Date last equivalent increase | 16. Old salary rate | 17. New salary rate |
|---|---|---|---|
| 01-19-64 | 01-20-63 | pa$4090<br>xxxxxxxxX | pa$4195<br>xxxxxxxxX |

18. Work is of an acceptable level of competence.
Alice Pearce R.N. Alice Pearce RN
(Signature or other authentication)

19. LWOP data (Fill in appropriate spaces covering LWOP during following periods):
Period(s):
☑ No excess LWOP. Total excess LWOP

(Check applicable box in case of excess LWOP)
☐ In pay status at end of waiting period.
☐ In LWOP status at end of waiting period. M Initials of Clerk

STANDARD FORM NO. 1126a
6 GAO 8000 1126-211-03

PAYROLL CHANGE SLIP – EMPLOYEE'S COPY

1.94 .20 2.91 PTP ditto NN 169.035 ON 165.915

| | | | |
|---|---|---|---|
| 1. Agency and organizational designations<br>VETERANS ADMINISTRATION Hosp. Downey, Ill. 5105 | 2. Payroll period<br>11-23-63 | 3. Block No.<br>A01 | 4. Slip No.<br>10 |
| 10750 5. Employee's name and social security number<br>D. F. Briner | 6. Grade and salary<br>GS-3 $4030 | | |

## PAYROLL CHANGE DATA

8411.30-1090

| | BASE PAY | OVERTIME | | GROSS PAY | RET. | FEDERAL TAX 1 | BOND | F. I. C. A. | STATE TAX | GROUP LIFE INS. | HEALTH BENEFITS | Q S & L | NET PAY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 80 7. Previous normal | 155.20 | | | 155.20 | 10.09 | 23.10 | | | | 1.25 | -0- | | 120.76 (1) |
| " 8. New normal | " | | | " | " | " | | | | " | 5.82 | | 114.94 102 312 |
| 9. Pay this period | | | | | | | | | | | | | DITTO |

10. Remarks:
Open season- HBI code 102 eff. 11-10-63.

11. Appropriation(s)

12. Prepared by
m

13. Audited by

☐ Within-grade-increase ☐ Pay adjustment ☐ Other step-increase

| 14. Effective date | 15. Date last equivalent increase | 16. Old salary rate | 17. New salary rate | 18. Work is of an acceptable level of competence. |
|---|---|---|---|---|
| | | | | (Signature or other authentication) |

19. LWOP data (Fill in appropriate spaces covering LWOP during following periods):
Period(s):
☐ No excess LWOP. Total excess LWOP

(Check applicable box in case of excess LWOP)
☐ In pay status at end of waiting period.
☐ In LWOP status at end of waiting period.
Initials of Clerk

STANDARD FORM NO. 1126a
6 GAO 8000 1126-211-03

PAYROLL CHANGE SLIP — EMPLOYEE'S COPY

.20 1.94 2.91 N 165.915

| | | | |
|---|---|---|---|
| 1. Agency and organizational designations<br>VETERANS ADMINISTRATION Hosp. Downey, Ill. 5105 | 2. Payroll period<br>3-2-63 | 3. Block No.<br>A01 | 4. Slip No.<br>9 |
| 10750 5. Employee's name (and social security account number when appropriate)<br>David F. Briner | 6. Grade and salary<br>GS-3 $4030 NA | | |

PAYROLL CHANGE DATA 8411.30-1090

| | | BASE PAY | OVERTIME | | GROSS PAY | RET. | FEDERAL TAX 1 | BOND | F. I. C. A. | STATE TAX | GROUP LIFE INS. | HEALTH BENEFITS | Q S & L | NET PAY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 80 hrs | 7. Previous normal | 155.20 | | | 155.20 | 10.09 | 18.50 | | | | 1.25 | | | 125.36 |
| " | 8. New normal | " | | | " | " | 23.10 | | | | " | | | 120.76 |
| " | 9. Pay this period | | | | | | | | | | | | | DITTO |

10. Remarks:

Chg. tax code fr 2 eff 2-26-63

11. Appropriation(s)

12. Prepared by m

13. Audited by

☐ Periodic step-increase ☐ Pay adjustment ☐ Other step-increase ____________

| | | | | |
|---|---|---|---|---|
| 14. Effective date | 15. Date last equivalent increase | 16. Old salary rate | 17. New salary rate | 18. Performance rating is satisfactory or better.<br>____________<br>(Signature or other authentication) |

19. LWOP data (Fill in appropriate spaces covering LWOP during following periods):

Period(s):

☐ No excess LWOP. Total excess LWOP ____________

(Check applicable box in case of excess LWOP)

☐ In pay status at end of waiting period.

☐ In LWOP status at end of waiting period.

________ Initials of Clerk

STANDARD FORM NO. 1126a
6 GAO 8000 1126-209-19

**PAYROLL CHANGE SLIP — EMPLOYEE'S COPY**

1.94 .20 2.91

NN 165.915 ON 161.530

1. Agency and organizational designations
VETERANS ADMINISTRATION Hospital, Downey, Illinois 8411.3000

2. Payroll period 2-2-63

3. Block No. A01

4. Slip No. 20

10750

5. Employee's name (and social security account number when appropriate)
BRINER, David F. SS#309-01-9791 NA.(Psy)#9363-58

6. Grade and salary
GS-3 pa$4030 NA

PAYROLL CHANGE DATA 8411.30-1090

| | BASE PAY | OVERTIME | | GROSS PAY | RET. | FEDERAL TAX 2 | BOND | F. I. C. A. | STATE TAX | GROUP LIFE INS. | HEALTH BENEFITS | Q S & L | NET PAY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7. Previous normal | 151.20 | | | 151.20 | 9.83 | 17.80 | | | | 1.00 | | | 122.57 |
| 8. New normal | 155.20 | | | 155.20 | 10.09 | 18.50 | | | | 1.25 | | | 125.36 |
| 9. Pay this period | | | | | | | | | | | | | DITTO |

10. Remarks:
Sect. 701 Class. Act of 1949, as amended

11. Appropriation(s)
3630160.001

12. Prepared by
m

13. Audited by
e

☒ Periodic step-increase ☐ Pay adjustment ☐ Other step-increase Work is of an acceptable level of competence.

| 14. Effective date | 15. Date last equivalent increase | 16. Old salary rate | 17. New salary rate |
|---|---|---|---|
| 01-20-63 | 01-21-62 | pa$3925 | pa$4030 |

18. ~~Performance rating is satisfactory or better.~~
XXXXXXXXXXXXXXXXXX

Alice R Pearce
(Signature or other authentication)

19. LWOP data (Fill in appropriate spaces covering LWOP during following periods):
Period(s):
☑ No excess LWOP. Total excess LWOP.

(Check applicable box in case of excess LWOP)
☐ In pay status at end of waiting period.
☐ In LWOP status at end of waiting period. m Initials of Clerk

STANDARD FORM NO. 1126a
6 GAO 8000 1126-209-19

PAYROLL CHANGE SLIP — EMPLOYEE'S COPY

| | | | |
|---|---|---|---|
| 1. Agency and organizational designations<br>VETERANS ADMINISTRATION VAH, DOWNEY, ILL. | 2. Payroll period<br>2/3/62 | 3. Block No.<br>A01 | 4. Slip No. 7 |
| 5. Employee's name (and social security account number when appropriate)<br>DAVID F. BRINER | 6. Grade and salary<br>GS-3 $3760 NA | | |

## PAYROLL CHANGE DATA

8411.30-1090

| | BASE PAY | OVERTIME | | GROSS PAY | RET. | FEDERAL TAX 2 | BOND | F. I. C. A. | STATE TAX | GROUP LIFE INS. | HEALTH BENEFITS | Q S & L | NET PAY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7. Previous normal | 135.20 | | | 135.20 | 8.79 | 14.90 | | | | | | | 110.51 |
| 8. New normal | 144.80 | | | 144.80 | 9.41 | 17.00 | | | | | | | 117.39 |
| 9. Pay this period | | | | | | | | | | | | | DITTO |

10. Remarks: Promotion Fr GS-2 to GS-3 Eff 1/21/62 Per JDtd 1/19/62

11. Appropriation(s)

12. Prepared by O

13. Audited by

☐ Periodic step-increase ☐ Pay adjustment ☐ Other step-increase

| 14. Effective date | 15. Date last equivalent increase | 16. Old salary rate | 17. New salary rate | 18formance rating is satisfactory or better. |
|---|---|---|---|---|
| | | | | |

(Signature or other authentication)

19. LWOP data (Fill in appropriate spaces covering LWOP during following periods):
Period(s):
☐ No excess LWOP. Total excess LWOP.

(Check applicable box in case of excess LWOP)
☐ In pay status at end of waiting period.
☐ In LWOP status at end of waiting period.

Initials of Clerk

STANDARD FORM NO. 1126a
6 GAO 8000
1126-209-02

PAYROLL CHANGE SLIP — EMPLOYEE'S COPY

1. Agency and organizational designations
VETERANS ADMINISTRATION Downwy, Ill.

2. Payroll period
9/16/61

3. Block No.
A01

4. Slip No.

5. Employee's name (and social security account number when appropriate)
David F. Briner GS-2

6. Grade and salary
$3500 NA
8412.50-1090

## PAYROLL CHANGE DATA

| | BASE PAY | OVERTIME | | GROSS PAY | RET. | FEDERAL TAX 2 | BOND | F. I. C. A. | STATE TAX | GROUP LIFE INS. | HEALTH BENEFITS | Q S & L | NET PAY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7. Previous normal | | | | | | | | | | | | | |
| 8. New normal | 135.20 | | | 135.20 | 8.79 | 14.90 | | | | 1.00 | | | 110.51 |
| 9. Pay this period | 67.60 | | | 67.60 | 4.39 | 2.80 | | | | 1.00 | | | 59.41 |

10. Remarks:
Car. Cond. Appt. eff. 9/11/61, JA dtd 9/11/61
40 hrs BP

11. Appropriation(s)

12. Prepared by
wm

13. Audited by

☐ Periodic step-increase ☐ Pay adjustment ☐ Other step-increase

| | | | | |
|---|---|---|---|---|
| 14. Effective date | 15. Date last equivalent increase | 16. Old salary rate | 17. New salary rate | 18. Performance rating is satisfactory or better. |

(Signature or other authentication)

19. LWOP data (Fill in appropriate spaces covering LWOP during following periods):
Period(s):
☐ No excess LWOP. Total excess LWOP.

(Check applicable box in case of excess LWOP)
☐ In pay status at end of waiting period.
☐ In LWOP status at end of waiting period.
Initials of Clerk

STANDARD FORM NO. 1126a
6 GAO 8000
1126-209-02

PAYROLL CHANGE SLIP — EMPLOYEE'S COPY

Standard Form 50—Rev. Dec. 1961
U.S. Civil Service Commission
FPM R-1

# NOTIFICATION OF PERSONNEL ACTION

(EMPLOYEE—See General Information on Reverse)

50-119

(*For agency use*)

| | | | |
|---|---|---|---|
| 1. NAME (CAPS) LAST—FIRST—MIDDLE MR.—MISS—MRS.<br>BRINER, DAVID F. Mr. | 2. (*For agency use*)<br>10750 | 3. BIRTH DATE (*Mo., Day, Year*)<br>02-01-18 | 4. SOCIAL SECURITY NO.<br>309-01-9791 |
| 5. VETERAN PREFERENCE<br>2 1—NO 2—5 PT. 3—10 PT. DISAB. 4—10 PT. COMP. 5—10 PT. OTHER | 6. TENURE GROUP<br>1 | 7. SERVICE COMP. DATE<br>08-03-41 | 8. PHYSICAL HANDICAP CODE<br>00 |
| 9. FEGLI<br>1 1—COVERED 2—INELIGIBLE 3—WAIVED | 10. RETIREMENT<br>1 1—CS 2—FICA 3—FS 4—NONE 5—OTHER | | 11. (*For CSC use*) |
| 12. NATURE OF ACTION<br>CODE 702 Promotion | 13. EFFECTIVE DATE (*Mo., Day, Year*)<br>01-03-65 | 14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY<br>REG. 335.102 | |

| | | | |
|---|---|---|---|
| 15. **FROM:** POSITION TITLE AND NUMBER<br>5105-9363-A | 16. PAY PLAN AND OCCUPATION CODE | 17. GRADE OR LEVEL<br>03/04 | 18. SALARY<br>pa$4410 |
| 19. NAME AND LOCATION OF EMPLOYING OFFICE | | | |

| | | | |
|---|---|---|---|
| 20. **TO:** POSITION TITLE AND NUMBER<br>Nursing Assistant (Psychiatry)<br>5105-10236-A | 21. PAY PLAN AND OCCUPATION CODE<br>GS-621 | 22. GRADE OR LEVEL<br>04/03 | 23. SALARY<br>pa$4780 |
| 24. NAME AND LOCATION OF EMPLOYING OFFICE<br>Hospital<br>Nursing Service<br>Nursing Care Section, Downey, Illinois | | | |

| | | | |
|---|---|---|---|
| 25. DUTY STATION (*City—county—State*)<br>Downey, Lake, Illinois | | | 26. LOCATION CODE<br>12-2445-097 |
| 27. APPROPRIATION<br>8241.2130 | 28. POSITION OCCUPIED<br>1 1—COMPETITIVE SERVICE 2—EXCEPTED SERVICE | 29. APPORTIONED POSITION<br>FROM: 1—PROVED-1 2—WAIVED-2 TO: | STATE |

30. REMARKS: ☐ A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING ______

☐ B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM: ______

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE: ☐ C. DURING PROBATION ☐ D. FROM APPOINTMENT OF 6 MONTHS OR LESS

| | |
|---|---|
| 31. DATE OF APPOINTMENT AFFIDAVIT (*Accessions only*) | 34. SIGNATURE (*Or other authentication*) AND TITLE<br>Stanford Tsugawa<br>STANFORD K. TSUGAWA<br>Acting Chief, Personnel Division |
| 32. OFFICE MAINTAINING PERSONNEL FOLDER (*If different from employing office*) | |
| 33. CODE EMPLOYING DEPARTMENT OR AGENCY<br>VA OO VETERANS ADMINISTRATION | 35. DATE 12/31/64 mm 1577 |

1. EMPLOYEE COPY

**STANDARD FORM 50**
Revised December 1961

# NOTICE TO EMPLOYEE

**KEEP THIS DOCUMENT FOR YOUR RECORDS. IT IS YOUR COPY OF THE OFFICIAL RECORD OF A PERSONNEL A[illegible]N AFFECTING YOUR EMPLOYMENT. PROMPTLY CALL ANY ERROR TO THE ATTENTION OF YOUR SUPERVISOR OR YOUR PERSONNEL OFFICE.**

## I. Conditions Pertinent To All Types of Personnel Action

The personnel action identified on the face of this form is subject to all applicable laws, rules, and regulations governing Federal employment and may be subject to investigation and approval by the Civil Service Commission. The action may be corrected or canceled if not in accordance with all legal requirements, or if based upon your misrepresentation or fraud.

*In addition,* the grade of the position to which you are officially assigned may be reviewed and corrected by your agency personnel office, or by the Civil Service Commission.

Your performance rating upon entrance into a new position is "satisfactory" unless or until you are notified otherwise.

Items 9 and 10 show the common types of payroll deductions: "FEGLI" for Federal Employees Group Life Insurance, "CS" for Civil Service Retirement, "FICA" for Social Security, and "FS" for Foreign Service. Additional deductions may be made under the Federal Employees Health Benefits program, and for income taxes, bonds, and other purposes authorized by law.

## II. Information About Appointments

*Appointments to positions in the competitive service.* The Civil Service Act places most positions in the "competitive service." The Civil Service Commission sets qualification requirements and controls recruitment for such positions. As a general rule, persons selected from civil service registers to fill continuing jobs in the competitive service are given career-conditional appointments. Such appointments are secured through direct competition with other members of the general public seeking similar work in Government agencies, and permit qualified employees to be assigned without further competitive examination to other jobs in the competitive service. Career-conditional appointments become career appointments upon completion of 3 years of substantially continuous creditable service.

The first year following a nontemporary competitive appointment generally is a probationary period, during which period an appointee must demonstrate his full competence and fitness for Federal employment. Reinstatements are also subject to a probationary period unless one was previously completed. Transfers, promotions, changes to lower grade, and reassignments during a probationary period are subject to completion of probation.

Temporary appointments do not confer a civil service status and do not lead to a career or career-conditional appointment without some further examination or qualification. Limited temporary appointments are made when there is no continuing need for a person's service, regardless of the manner in which he qualified for appointment; acceptance of such appointment will not remove a person's name from a civil service register on which he may later be reached for career-conditional appointment.

*Appointments to positions in the excepted service.* Excepted appointments are made to positions which are excepted from the competitive service by law or other special authority. Generally the employing agency sets qualification requirements and conducts recruitment for such positions. Such appointments do not confer a competitive civil service status or eligibility for movement to jobs in the competitive service; they may be made without restrictions on tenure, with a conditional or indefinite limitation, or with a definite time limitation. A trial period may be required at the discretion of the employing office.

## III. Information About Tenure Groups

Employees are ranked in tenure groups according to the nature of their appointment; those with unrestricted tenure are placed in Group I, those serving under conditional appointments which automatically lead to full tenure after a prescribed time and without further qualification are placed in Group II, and those serving under temporary or indefinite appointments not limited to an exact time or date are placed in Group III. Within each tenure group, ranking is determined by veteran preference, performance rating, and total Federal service. If it should become necessary to reduce force, employees are selected for separation or change to lower grade according to this general ranking. Employees serving under competitive appointments and those serving under excepted appointments are ranked separately for reduction in force purposes.

## IV. Information About Your Status After Separation

If you are separated or placed in a nonpay status for an extended period, your employing agency will furnish you with Standard Form 8 explaining your rights for unemployment insurance benefits. If you were covered by the civil service retirement system or Federal employees' group life insurance, you have previously been furnished certificates describing those programs; you can refer to such certificates for information regarding your rights and possible benefits after separation.

If you are separated from a career or career-conditional appointment, you may have reinstatement eligibility and can apply directly to any Federal activity and may be employed without further competitive examination; if you are a nonveteran and you are separated from a career-conditional appointment your eligibility for reinstatement is generally limited to 3 years from the date of separation. If you are separated from a temporary or excepted appointment, you have no reinstatement privileges based upon such service.

You will be given any lump sum payment that may be due you for annual leave at the time of separation. Refund of an appropriate portion of this payment will be required if you are reemployed in a Federal agency in a position under the same leave system during the period covered by such payment.

## V. Availability of Further Information

Consult your supervisor if you have questions about the above statements or the entries on the front of this form, or about other matters concerning your employment. This is particularly important on questions involving granting of leave, assignment of duties, and hours of work which are generally under his control. If your questions are technical, your supervisor may refer you to your personnel office, which will have copies of controlling civil service regulations, as well as your individual records, and so can best explain how they apply in your case.

Standard Form 50 - Rev. Dec. 1961
U. S. Civil Service Commission
FPM R-1

# NOTIFICATION OF PERSONNEL ACTION

**(EMPLOYEE - See General Information on Reverse)**

5 PART
50-114

*(For agency use)*

| | | | | |
|---|---|---|---|---|
| 1. NAME (CAPS) LAST-FIRST-MIDDLE<br>BRINER, DAVID F. | MR.-MISS-MRS.<br>Mr. | 2. *(For agency use)*<br>10750 | 3. BIRTH DATE *(Mo., Day, Year)*<br>02-01-18 | 4. SOCIAL SECURITY NO.<br>309-01-9791 |
| 5. VETERAN PREFERENCE<br>2 — 1 - NO  2 - 5 PT.  3 - 10 PT. DISAB.  4 - 10 PT. COMP.  5 - 10 PT. OTHER | | 6. TENURE GROUP<br>1 | 7. SERVICE COMP. DATE<br>08-03-41 | 8. PHYSICAL HANDICAP CODE<br>00 |
| 9. FEGLI<br>1 — 1 - COVERED  2 - INELIGIBLE  3 - WAIVED | | 10. RETIREMENT<br>1 — 1 - CS  2 - FICA  3 - FS  4 - NONE  5 - OTHER | | 11. *(For CSC use)* |
| 12. NATURE OF ACTION<br>602 CODE — Conv To Career Tenure | | 13. EFFECTIVE DATE *(Mo., Day, Year)*<br>09-11-64 | 14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY<br>REG. 315.202 | |

| | | | |
|---|---|---|---|
| 15. FROM: POSITION TITLE AND NUMBER | 16. PAY PLAN AND OCCUPATION CODE | 17. GRADE OR LEVEL | 18. SALARY |
| 19. NAME AND LOCATION OF EMPLOYING OFFICE | | | |

| | | | |
|---|---|---|---|
| 20. TO: POSITION TITLE AND NUMBER<br>Nursing Assistant (Psychiatry)<br>5105-9363-58 | 21. PAY PLAN AND OCCUPATION CODE<br>GS-621 | 22. GRADE OR LEVEL<br>03/04 | 23. SALARY<br>pa$4410 |
| 24. NAME AND LOCATION OF EMPLOYING OFFICE<br>Hospital<br>Nursing Service<br>Nursing Care Section, Downey, Illinois | | | |

| | | |
|---|---|---|
| 25. DUTY STATION *(City - county - State)*<br>Downey, Lake, Illinois | | 26. LOCATION CODE<br>12-2445-097 |
| 27. APPROPRIATION<br>8241.2130 | 28. POSITION OCCUPIED<br>1-COMPETITIVE SERVICE  2-EXCEPTED SERVICE<br>1 | 29. APPORTIONED POSITION<br>FROM: ☐ TO: ☐ STATE<br>1 - PROVED-1  2 - WAIVED-2 |

30. REMARKS: ☐ A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING

xx B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM: 09-11-61 to 09-11-64

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE: ☐ C. DURING PROBATION ☐ D. FROM APPOINTMENT OF 6 MONTHS OR LESS

| | |
|---|---|
| 31. DATE OF APPOINTMENT AFFIDAVIT *(Accessions only)* | 34. SIGNATURE *(Or other Authentication)* AND TITLE<br>J.E. GRIFFIN<br>Chief, Personnel Division |
| 32. OFFICE MAINTAINING PERSONNEL FOLDER *(If different from employing office)* | |
| 33. CODE EMPLOYING DEPARTMENT OR AGENCY<br>VA 00 — VETERANS ADMINISTRATION | 35. DATE 09/11/64  mm  1577 |

**1. EMPLOYEE COPY**

**STANDARD FORM 50**
Revised December 1961

# NOTICE TO EMPLOYEE

**KEEP THIS DOCUMENT FOR YOUR RECORDS. IT IS YOUR COPY OF THE OFFICIAL RECORD OF A PERSONNEL ACTION AFFECTING YOUR EMPLOYMENT. PROMPTLY CALL ANY ERROR TO THE ATTENTION OF YOUR SUPERVISOR OR YOUR PERSONNEL OFFICE.**

## I. Conditions Pertinent To All Types of Personnel Action

The personnel action identified on the face of this form is subject to all applicable laws, rules, and regulations governing Federal employment and may be subject to investigation and approval by the Civil Service Commission. The action may be corrected or canceled if not in accordance with all legal requirements, or if based upon your misrepresentation or fraud.

*In addition,* the grade of the position to which you are officially assigned may be reviewed and corrected by your agency personnel office, or by the Civil Service Commission.

Your performance rating upon entrance into a new position is "satisfactory" unless or until you are notified otherwise.

Items 9 and 10 show the common types of payroll deductions: "FEGLI" for Federal Employees Group Life Insurance, "CS" for Civil Service Retirement, "FICA" for Social Security, and "FS" for Foreign Service. Additional deductions may be made under the Federal Employees Health Benefits program, and for income taxes, bonds, and other purposes authorized by law.

## II. Information About Appointments

***Appointments to positions in the competitive service:*** The Civil Service Act places most positions in the "competitive service." The Civil Service Commission sets qualification requirements and controls recruitment for such positions. As a general rule, persons selected from civil service registers to fill continuing jobs in the competitive service are given career-conditional appointments. Such appointments are secured through direct competition with other members of the general public seeking similar work in Government agencies, and permit qualified employees to be assigned without further competitive examination to other jobs in the competitive service. Career-conditional appointments become career appointments upon completion of 3 years of substantially continuous creditable service.

The first year following a nontemporary competitive appointment generally is a probationary period, during which period an appointee must demonstrate his full competence and fitness for Federal employment. Reinstatements are also subject to a probationary period unless one was previously completed. Transfers, promotions, changes to lower grade, and reassignments during a probationary period are subject to completion of probation.

Temporary appointments do not confer a civil service status and do not lead to a career or career-conditional appointment without some further examination or qualification. Limited temporary appointments are made when there is no continuing need for a person's service, regardless of the manner in which he qualified for appointment; acceptance of such appointment will not remove a person's name from a civil service register on which he may later be reached for career-conditional appointment.

***Appointments to positions in the excepted service.*** Excepted appointments are made to positions which are excepted from the competitive service by law or other special authority. Generally the employing agency sets qualification requirements and conducts recruitment for such positions. Such appointments do not confer a competitive civil service status or eligibility for movement to jobs in the competitive service; they may be made without restrictions on tenure, with a conditional or indefinite limitation, or with a definite time limitation. A trial period may be required at the discretion of the employing office.

## III. Information About Tenure Groups

Employees are ranked in tenure groups according to the nature of their appointment; those with unrestricted tenure are placed in Group I, those serving under conditional appointments which automatically lead to full tenure after a prescribed time and without further qualification are placed in Group II, and those serving under temporary or indefinite appointments not limited to an exact time or date are placed in Group III. Within each tenure group, ranking is determined by veteran preference, performance rating, and total Federal service. If it should become necessary to reduce force, employees are selected for separation or change to lower grade according to this general ranking. Employees serving under competitive appointments and those serving under excepted appointments are ranked separately for reduction in force purposes.

## IV. Information About Your Status After Separation

If you are separated or placed in a nonpay status for an extended period, your employing agency will furnish you with Standard Form 8 explaining your rights for unemployment insurance benefits. If you were covered by the civil service retirement system or Federal employees' group life insurance, you have previously been furnished certificates describing those programs; you can refer to such certificates for information regarding your rights and possible benefits after separation.

If you are separated from a career or career-conditional appointment, you may have reinstatement eligibility and can apply directly to any Federal activity and may be employed without further competitive examination; if you are a nonveteran and you are separated from a career-conditional appointment your eligibility for reinstatement is generally limited to 3 years from the date of separation. If you are separated from a temporary or excepted appointment, you have no reinstatement privileges based upon such service.

You will be given any lump sum payment that may be due you for annual leave at the time of separation. Refund of an appropriate portion of this payment will be required if you are reemployed in a Federal agency in a position under the same leave system during the period covered by such payment.

## V. Availability of Further Information

Consult your supervisor if you have questions about the above statements or the entries on the front of this form, or about other matters concerning your employment. This is particularly important on questions involving granting of leave, assignment of duties, and hours of work which are generally under his control. If your questions are technical, your supervisor may refer you to your personnel office, which will have copies of controlling civil service regulations, as well as your individual records, and so can best explain how they apply in your case.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1962-648782

Standard Form 50 — Rev. Dec. 1961
U. S. Civil Service Commission
FPM R-1

# NOTIFICATION OF PERSONNEL ACTION

(EMPLOYEE — See General Information on Reverse)

5 PART
50-109

*(For agency use)*

1. NAME (CAPS) LAST-FIRST-MIDDLE MR.-MISS-MRS.: BRINER, David F. Mr.

2. *(For agency use)*

3. BIRTH DATE *(Mo., Day, Year)*: 02-01-18

4. SOCIAL SECURITY NO.: 309-01-9791

5. VETERAN PREFERENCE: 2 (1 — NO; 2 — 5 PT.; 3 — 10 PT. DISAB.; 4 — 10 PT. COMP.; 5 — 10 PT. OTHER)

6. TENURE GROUP: II

7. SERVICE COMP. DATE: 08-03-41

8. PHYSICAL HANDICAP CODE:

9. FEGLI: 1 (1 — COVERED; 2 — INELIGIBLE; 3 — WAIVED)

10. RETIREMENT: 1 (1 — CS; 2 — FICA; 3 — FS; 4 — NONE; 5 — OTHER)

11. *(For CSC use)*

12. NATURE OF ACTION: CODE 702 Promotion

13. EFFECTIVE DATE *(Mo., Day, Year)*: 01-21-62

14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY: C.S. Reg. 2.501

15. **FROM:** POSITION TITLE AND NUMBER: 5105-9362-48

16. PAY PLAN AND OCCUPATION CODE:

17. GRADE OR LEVEL: 2

18. SALARY: pa $3500.

19. NAME AND LOCATION OF EMPLOYING OFFICE:

20. **TO:** POSITION TITLE AND NUMBER:
Nursing Assistant (Psychiatry)
5105-9363-58
P. G. Code 0616

21. PAY PLAN AND OCCUPATION CODE: GS-621

22. GRADE OR LEVEL: 3

23. SALARY: pa $3760.

24. NAME AND LOCATION OF EMPLOYING OFFICE:
Hospital
Nursing Service
Nursing Care Section, Downey, Illinois

25. DUTY STATION *(City — county — State)*: Downey, Lake, Illinois

26. LOCATION CODE: 12-2445-097

27. APPROPRIATION: 8411.3000

28. POSITION OCCUPIED: 1 (1—COMPETITIVE SERVICE; 2 — EXCEPTED SERVICE)

29. APPORTIONED POSITION: FROM: TO: STATE (1 — PROVED-1; 2 — WAIVED-2)

30. REMARKS:
☐ A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING
☐ B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM:

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE: ☐ C. DURING PROBATION ☐ D. FROM APPOINTMENT OF 6 MONTHS OR LESS

31. DATE OF APPOINTMENT AFFIDAVIT *(Accessions only)*

32. OFFICE MAINTAINING PERSONNEL FOLDER *(If different from employing office)*

33. CODE EMPLOYING DEPARTMENT OR AGENCY: VA 00 Veterans Administration

34. SIGNATURE *(Or other Authentication)* AND TITLE
Claude L. Butler
CLAUDE L. BUTLER
Chief, Personnel Division

35. DATE 01/19/62

01/19/62

1. EMPLOYEE COPY

**STANDARD FORM 50**
Revised December 1961

# NOTICE TO EMPLOYEE

**KEEP THIS DOCUMENT FOR YOUR RECORDS. IT IS YOUR COPY OF THE OFFICIAL RECORD OF A PERSONNEL ACTION AFFECTING YOUR EMPLOYMENT. PROMPTLY CALL ANY ERROR TO THE ATTENTION OF YOUR SUPERVISOR OR YOUR PERSONNEL OFFICE.**

## I. Conditions Pertinent To All Types of Personnel Action

The personnel action identified on the face of this form is subject to all applicable laws, rules, and regulations governing Federal employment and may be subject to investigation and approval by the Civil Service Commission. The action may be corrected or canceled if not in accordance with all legal requirements, or if based upon your misrepresentation or fraud.

*In addition,* the grade of the position to which you are officially assigned may be reviewed and corrected by your agency personnel office, or by the Civil Service Commission.

Your performance rating upon entrance into a new position is "satisfactory" unless or until you are notified otherwise.

Items 9 and 10 show the common types of payroll deductions: "FEGLI" for Federal Employees Group Life Insurance, "CS" for Civil Service Retirement, "FICA" for Social Security, and "FS" for Foreign Service. Additional deductions may be made under the Federal Employees Health Benefits program, and for income taxes, bonds, and other purposes authorized by law.

## II. Information About Appointments

*Appointments to positions in the competitive service:* The Civil Service Act places most positions in the "competitive service." The Civil Service Commission sets qualification requirements and controls recruitment for such positions. As a general rule, persons selected from civil service registers to fill continuing jobs in the competitive service are given career-conditional appointments. Such appointments are secured through direct competition with other members of the general public seeking similar work in Government agencies, and permit qualified employees to be assigned without further competitive examination to other jobs in the competitive service. Career-conditional appointments become career appointments upon completion of 3 years of substantially continuous creditable service.

The first year following a nontemporary competitive appointment generally is a probationary period, during which period an appointee must demonstrate his full competence and fitness for Federal employment. Reinstatements are also subject to a probationary period unless one was previously completed. Transfers, promotions, changes to lower grade, and reassignments during a probationary period are subject to completion of probation.

Temporary appointments do not confer a civil service status and do not lead to a career or career-conditional appointment without some further examination or qualification. Limited temporary appointments are made when there is no continuing need for a person's service, regardless of the manner in which he qualified for appointment; acceptance of such appointment will not remove a person's name from a civil service register on which he may later be reached for career-conditional appointment.

*Appointments to positions in the excepted service.* Excepted appointments are made to positions which are excepted from the competitive service by law or other special authority. Generally the employing agency sets qualification requirements and conducts recruitment for such positions. Such appointments do not confer a competitive civil service status or eligibility for movement to jobs in the competitive service; they may be made without restrictions on tenure, with a conditional or indefinite limitation, or with a definite time limitation. A trial period may be required at the discretion of the employing office.

## III. Information About Tenure Groups

Employees are ranked in tenure groups according to the nature of their appointment; those with unrestricted tenure are placed in Group I, those serving under conditional appointments which automatically lead to full tenure after a prescribed time and without further qualification are placed in Group II, and those serving under temporary or indefinite appointments not limited to an exact time or date are placed in Group III. Within each tenure group, ranking is determined by veteran preference, performance rating, and total Federal service. If it should become necessary to reduce force, employees are selected for separation or change to lower grade according to this general ranking. Employees serving under competitive appointments and those serving under excepted appointments are ranked separately for reduction in force purposes.

## IV. Information About Your Status After Separation

If you are separated or placed in a nonpay status for an extended period, your employing agency will furnish you with Standard Form 8 explaining your rights for unemployment insurance benefits. If you were covered by the civil service retirement system or Federal employees' group life insurance, you have previously been furnished certificates describing those programs; you can refer to such certificates for information regarding your rights and possible benefits after separation.

If you are separated from a career or career-conditional appointment, you may have reinstatement eligibility and can apply directly to any Federal activity and may be employed without further competitive examination; if you are a nonveteran and you are separated from a career-conditional appointment your eligibility for reinstatement is generally limited to 3 years from the date of separation. If you are separated from a temporary or excepted appointment, you have no reinstatement privileges based upon such service.

You will be given any lump sum payment that may be due you for annual leave at the time of separation. Refund of an appropriate portion of this payment will be required if you are reemployed in a Federal agency in a position under the same leave system during the period covered by such payment.

## V. Availability of Further Information

Consult your supervisor if you have questions about the above statements or the entries on the front of this form, or about other matters concerning your employment. This is particularly important on questions involving granting of leave, assignment of duties, and hours of work which are generally under his control. If your questions are technical, your supervisor may refer you to your personnel office, which will have copies of controlling civil service regulations, as well as your individual records, and so can best explain how they apply in your case.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1961 — O-613443 #4

# POSITION DESCRIPTION

Nursing Assistant (Psychiatry) GS-621-3 July 29, 1960
Nursing Service 5105-9363

Veterans Administration Hospital

## I. PRINCIPAL DUTIES AND RESPONSIBILITIES:

I receive continuous on the job training to further develop my skills and knowledge. I demonstrate proficiency in performing basic nursing procedures such as bathing, toileting, grooming and feeding. Procedures I perform may be taking temperatures, collecting specimens, giving enemas, foot soaks, bandages, unsterile dressing, isolation technique, morning and bedtime care and post mortem care. I assemble oxygen equipment and observe patients receiving oxygen. I identify patients receiving special diets and assist these patients in following their prescribed diets. I have developed some understanding of the meaning of behavior. I observe and am thereby guided in my approach to patients. My observations are reported verbally and I make notations as directed to the Nurse. I am mindful of safety measures such as fire hazards, appropriate ward security, and techniques for safely escorting patients off the ward. I make face to face check of patients and I am accountable for the location of my patients at all times. I am often responsible for identifying patients who are receiving medications. I must report to the Nurse immediately any suicidal threat or any abuse or suspected abuse. I understand that abuse may be verbal, physical or by attitude.

I participate in recreational and therapeutic group activities with groups of patients as directed by the Nurse or PM&R personnel. I recognize the value of these activities for patients and attempt to stimulate patients to participate in them. I attempt to help patients to utilize their on the ward time in a meaningful way. I assist in staff and patient planning for ward activities and I am expected to initiate simple ward activity for patients. I may be assigned to a small group of patients for whom I assume direct responsibility for group and individual activities and direct observation. I attempt to form helpful relationships with these patients. I may accompany patients who require supervision to town, introduce them to transportation and shopping facilities and assist them in making purchases and utilizing their time. I participate in ward planning conferences involving ward management, nursing care of patients, and patient evaluations. I understand the importance of the reception of newly arrived patients on my ward. I greet them, introduce them to patients and personnel and make them familiar to ward routines. I understand that my attitude and manner influences the ward environment for my patients and understand my opportunity and responsibility for contributing to a therapeutic environment.

I consult the Nurse and clothing clerk regarding proper attire for patients and encourage patients in selecting suitable clothing in their daily grooming and in their purchases. I safeguard patients' personal property and government property. I report the need for supplies, equipment or repair as I see them. I receive visitors in a courteous manner. In some instances I am the first ward employee visitors and volunteers meet and thus have opportunity for influencing public relations with the hospital. With the latter group I may assist in the implementation of the groups ward activity.

II. SUPERVISORY CONTROLS OVER THE POSITION:

I am under the supervision of the Registered Nurse on the ward who gives further instruction and guidance. Assignments are posted on VA Form 10-2917, Daily Assignments Nursing Unit Personnel, in addition to necessary verbal assignments.

III. OTHER SIGNIFICANT FACTS:

I must have had one year experience as a trainee GS-2. Incumbents of this position may be assigned to all three tours of duty, day, evening and night. I never accept gifts from patients or visitors and never pry into patients' affairs. Discretion must be used at all times because of the confidential nature of my work. I perform additional functions as assigned by the Nurse. I am responsible for keeping informed on current nursing or hospital policies by bulletin board and individual notices and memoranda.

David Brewer
#133-2B
Days

# GS-3 PERFORMANCE REQUIREMENTS

March 1963

## I. DEPENDABILITY

1. Seldom fails to report for work on time.
2. Does not abuse sick leave.
3. Is usually reliable in performing routine duties without close supervision.
4. Is generally loyal to policies of the hospital and supports these policies.
5. Can usually be counted on to demonstrate emotional stability in an emergency.
6. Generally assumes responsibility, uses good judgment and is trustworthy.
7. Usually meets appointments on time.

## II. SKILL

1. Usually applies techniques and procedures in the manner prescribed.
2. Generally uses and displays good knowledge of security measures, being alert to fire and safety hazards.
3. Nearly always assumes responsibility for proper use, care, conservation and maintenance of equipment.
4. Generally assists and encourages patients in personal hygiene and proper grooming.
5. Almost always demonstrates the ability to anticipate patients' needs.
6. Usually assists in contributing to a therapeutic environment on the ward.

## III. GOOD RELATIONSHIPS WITH PATIENTS, VISITORS AND CO-WORKERS

1. Usually is courteous, friendly, and has the ability to work with other personnel.
2. Generally utilizes opportunities in contact with patients and relatives to promote better understanding of hospital goals and policies.
3. Usually demonstrates the ability to understand patient and assist him as much as possible in a helpful relationship.

## IV. OBSERVATION AND REPORTING

1. Usually observes and reports significant mental and physical changes in patients' conditions and behavior patterns.
2. Generally reports verbally and makes notations on Nurses' Notes as directed by nurse.
3. Nearly always notes special interests and aptitudes of patients.
4. Generally has the ability to observe and report patients' needs.
5. Usually reports needs for supplies, equipment or repairs.

## V. ACCEPTANCE OF SUPERVISION AND GUIDANCE

1. Usually accepts assignments in a cooperative manner.
2. Generally accepts constructive criticism and profits by it.
3. Usually seeks instructions or guidance from the nurse when needed.

## VI. PERSONAL APPEARANCE AND MANNER

1. Almost always by his manner and attitude demonstrates an interest in his work.
2. Usually neat and clean, wearing prescribed uniform on duty.
3. Generally alert mentally and physically.

## VII. INTEREST IN SELF IMPROVEMENT

1. Usually takes advantage of opportunities for learning by attendance at classes and meetings, asking questions and offering suggestions.
2. Almost always participates in team and ward meetings.
3. Usually applies his learning to ward situations.

Standard Form 50—5 Part
Rev. July 1957
Promulgated by U. S. Civil
Service Commission—FPM-R-1

# NOTIFICATION OF PERSONNEL ACTION

50-106

| | | |
|---|---|---|
| 1. NAME (LAST (CAPS)—First—Middle—Mr.—Miss—Mrs.)<br>BRINER, David F. (Mr.) | 2. DATE OF BIRTH<br>2-1-18 | 3. IDENTIFICATION *(optional)* |

4. THIS IS AN OFFICIAL NOTICE OF THE PERSONNEL ACTION DESCRIBED BELOW, WHICH AFFECTS YOUR EMPLOYMENT. GENERAL INFORMATION CONCERNING YOUR EMPLOYMENT APPEARS ON THE REVERSE SIDE OF THIS FORM.

| | | |
|---|---|---|
| 5. NATURE OF ACTION *(standard terminology must be used)*<br>Career Conditional Appointment | 6. EFFECTIVE DATE OF ACTION<br>9-11-61 | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY<br>BD USCS EX VA DOWNEY, ILL.<br>CERT NO 69 DATED 8-25-61 |

| FROM— | | TO— |
|---|---|---|
| | 8. POSITION TITLE AND NUMBER | Nursing Assistant (Psychiatry)<br>5105-9362-48 PG Code: 0616 |
| | 9. SERIES, GRADE, SALARY | GS-621-2 $3500 per annum |
| | 10. NAME AND LOCATION OF OFFICE BY WHICH EMPLOYED | Hospital<br>Nursing Service<br>Nursing Care Section<br>Downey, Illinois |
| | 11. DUTY STATION | |
| ☐ Yes | 12. APPORTIONED POSITION | ☐ Yes STATE: ☐ Apportionment Waived ☐ Proved |

13. VETERAN PREFERENCE: No ☐ 5-pt. ☒ 10-pt. Disab. ☐ 10-pt. Other ☐

14. TENURE GROUP: II

15. POSITION OCCUPIED IS IN THE: ☒ Competitive Service ☐ Excepted Service

16. APPROPRIATION
From:
To: 8412.5000

17. PAYROLL DEDUCTIONS: CSR ☒ FICA ☒ FEGLI ☒

18. DATE OF APPOINTMENT AFFIDAVITS *(accessions only)*: 9-11-61

19. REMARKS:

☒ a. Subject to completion of 1 year probationary (or trial) period commencing 9-11-61

☒ b. Service counting toward career (or permanent) tenure from: 9-11-61

Separations: Show reasons below, as required. Check, if applicable: ☐ c. During probation ☐ d. From appointment of 6 months or less

SCD: Pending. Ninety day leave period will be completed 12-9-61. (This is subject to change upon verification of previous service).

Reemployed from the Post Office Department, Waukegan, Illinois without a break in service.

20. EMPLOYING DEPARTMENT OR AGENCY
Veterans Administration

21. OFFICE MAINTAINING OFFICIAL PERSONNEL FOLDER *(if different than item 10, above)*

22. SIGNATURE (or other authentication) AND TITLE
Claude L. Butler
CLAUDE L. BUTLER
Chief, Personnel Division

23. DATE: 9-11-61

rbz

1. EMPLOYEE COPY

STANDARD FORM 50
Rev. July 1957

# NOTICE TO EMPLOYEE

**KEEP THIS DOCUMENT FOR YOUR RECORDS. IT IS YOUR COPY OF THE OFFICIAL RECORD OF A PERSONNEL ACTION AFFECTING YOUR EMPLOYMENT. PROMPTLY CALL ANY ERROR TO THE ATTENTION OF YOUR SUPERVISOR OR YOUR PERSONNEL OFFICE.**

## I. CONDITIONS PERTINENT TO ALL TYPES OF PERSONNEL ACTION

The personnel action identified on the face of this form is subject to all applicable laws, rules, and regulations governing Federal employees and may be subject to investigation and approval by the Civil Service Commission. The action may be corrected or canceled if not in accordance with all legal requirements, or if based upon your misrepresentation or fraud.

*In addition*, the grade of the position to which you are officially assigned may be reviewed and corrected by your agency personnel office, or by the Civil Service Commission.

Your performance rating upon entrance into a new positions is "satisfactory" unless or until you are notified otherwise.

Item 17 shows the common types of payroll deductions: "CSR" for Civil Service Retirement, "FICA" for Social Security, and "FEGLI" for Employees' Group Life Insurance. Additional deductions may be made for State and Federal income taxes, bonds, and other purposes authorized by law.

## II. INFORMATION ABOUT APPOINTMENTS

*Appointments to positions in the competitive service.*—The Civil Service Act places most positions in the "competitive service." The Civil Service Commission sets qualification requirements and controls recruitment for such positions. As a general rule, persons selected from Civil Service registers to fill continuing jobs in the competitive service are given career-conditional appointments. Such appointments are secured through direct competition with other members of the general public seeking similar work in Government agencies, and permit qualified employees to be assigned without further competitive examination to other jobs in the competitive service. Career-conditional appointments become career appointments upon completion of 3 years of substantially continuous creditable service.

The first year following a nontemporary competitive appointment generally is a probationary period, during which period an appointee must demonstrate his full competence and fitness for Federal employment. Reinstatements are also subject to a probationary period unless one was previously completed. Transfers, promotions, changes to lower grade, and reassignments during a probationary period are subject to completion of probation.

Temporary appointments do not confer a civil service status and do not lead to a career or career-conditional appointment without some further examination or qualification. Limited temporary appointments are made when there is no continuing need for a person's service, regardless of the manner in which he qualified for appointment; acceptance of such appointment will not remove a person's name from a civil service register on which he may later be reached for career-conditional appointment.

*Appointments to positions in the excepted service.*—Excepted appointments are made to positions which are excepted from the competitive service by law or other special authority. Generally the employing agency sets qualification requirements and conducts recruitment for such positions. Such appointments do not confer a competitive civil-service status or eligibility for movement to jobs in the competitive service; they may be made without restrictions on tenure with a conditional or indefinite limitation, or with a definite time limitation. A trial period may be required at the discretion of the employing office.

## III. INFORMATION ABOUT TENURE GROUPS

Employees are ranked in tenure groups according to the nature of their appointment; those with unrestricted tenure are placed in Group I, those serving under conditional appointments which automatically lead to full tenure after a prescribed time and without further qualification are placed in Group II, and those serving under temporary or indefinite appointments not limited to an exact time or date are placed in Group III. Within each tenure group, ranking is determined by veteran preference, performance rating, and total Federal service. If it should become necessary to reduce force, employees are selected for separation or change to lower grade according to this general ranking. Employees serving under competitive appointments and those serving under excepted appointments are ranked separately for reduction in force purposes.

## IV. INFORMATION ABOUT YOUR STATUS AFTER SEPARATION

If you are separated or placed in a nonpay status for an extended period, your employing agency will furnish you with Standard Form 8 explaining your rights for unemployment insurance benefits. If you were covered by the Civil Service retirement system or Federal employees' group life insurance, you have previously been furnished certificates describing those programs; you can refer to such certificates for information regarding your rights and possible benefits after separation.

If you are separated from a career or career-conditional appointment you have reinstatement eligibility and can apply directly to any Federal activity and may be employed without further competitive examination. If you are a nonveteran and you are separated from a career-conditional appointment your eligibility for reinstatement is generally limited to 3 years from the date of separation. If you are separated from a temporary or excepted appointment you have no reinstatement privileges based upon such service.

You will be given any lump sum payment that may be due you for annual leave at the time of separation. Refund of an appropriate portion of this payment will be required if you are reemployed in a Federal agency in a position under the same leave system during the period covered by such payment.

## V. AVAILABILITY OF FURTHER INFORMATION

Consult your supervisor if you have questions about the above statements, or about other matters concerning your employment. This is particularly important on questions involving granting of leave, assignment of duties, and hours of work which are generally under his control. If your questions are technical, he may refer you to your personnel office. He will have copies of controlling civil-service regulations, as well as your individual records, and so can best explain how they apply in your case.

# POSITION DESCRIPTION

Nursing Assistant (Psychiatry) June 8, 1960
5105-9362R1 GS-621-2
Nursing Service

Veterans Administration Hospital

## I. PRINCIPAL DUTIES AND RESPONSIBILITIES

Is a Nursing Assistant (Psychiatry) trainee, in the first year of employment. Is assigned to Nursing Education for the first six months for training. Participates in both formal and informal training sessions to acquire the necessary background and knowledge for advancement to the journeyman Nursing Assistant. Must have an awareness of the meaning of a therapeutic environment.

Is expected to develop skill in accomplishing the basic nursing procedures taught in the classrooms. These include bathing, toileting, feeding, and applying comfort devices to bed ridden patients; and assisting the doctor and nurse in the administration of medicines and treatments as directed by them. Must understand the need for and assist and direct patients in caring for their hair, nails, teeth, and clothes, and personal hygiene such as bathing, showering and grooming.

Must demonstrate a beginning knowledge that each patient is an individual with his own interests and needs and respect the dignity of each patient. In relationships with patients, he tries to be tactful, kind and considerate. All of his work contact must be performed in an alert and courteous manner. Must constantly develop skills in observation and in reporting signs and symptoms of patient's condition and behavior. In meeting the patient's need for a protective, humane, regulated and safe environment, he learns to recognize potential hazards and makes every effort to eliminate them and understands that he must report to the nurse, immediately and completely, any observed or suspected abuse of a patient--either verbally, physically, or by attitude. Must practice good body mechanics and follow prescribed procedures in caring for patients with contagious conditions.

Assists in the escorting of patients on off-ward activities such as meals, recreational and occupational assignments. In his efforts to encourage patients to participate in activities he also participates. At the same time he is always aware of his responsibility for accounting for the location of all patients under his responsibility. He understands that it is important to report to the nurse changes in patterns of behavior following these activities.

He does not discuss information of a personal nature about the patient with visitors or outside of the work situation. He understands that questions relative to patients' conditions should be referred to the physician. He does not accept gifts from patients and does not pry into their personal affairs.

## II. SUPERVISORY CONTROLS OVER POSITION

His immediate supervisor during the first two months as a trainee is the instructor. Following this his immediate supervisor is ~~the Supervisory Practical Nurse or~~ the Nurse on his ward. Receives specific directions and instructions and is closely observed for proper application of nursing assistant procedures.

Assignments are posted on VA Form 10-2917, Daily Assignment Nursing Unit Personnel. Verbal instructions are also given to him by Nursing Service personnel. Understands responsibility to follow scheduled performance requirement tour of duty as posted on the weekly time schedule.

## III. OTHER SIGNIFICANT FACTS

Realizes that he may be assigned to the day, evening and night tours of duty. As his abilities and skills increase through experience, he is expected to share more in the planning of patient care. Understands the roles of other members of the team (interested in patient care) and his relationship to them. Understands that a qualification for permanent status is that he must show personality, character traits and conduct befitting a Government employee.

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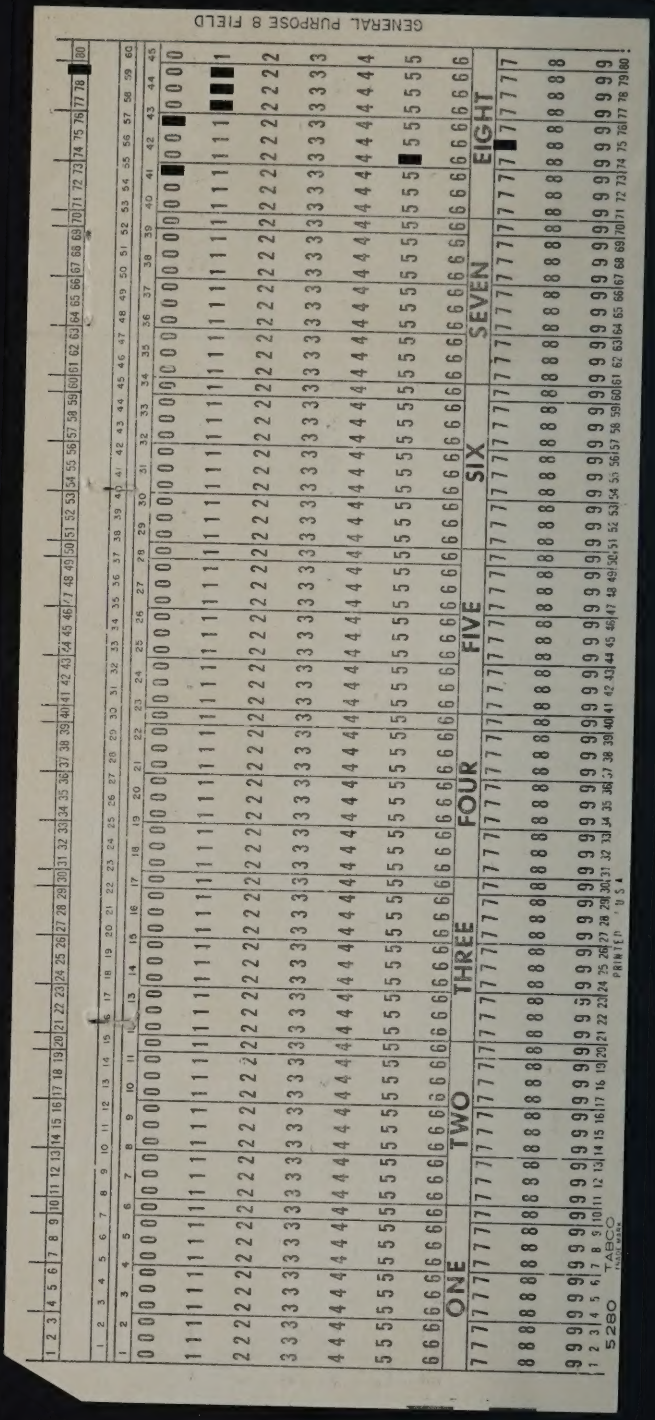
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UNITED STATES
**OFFICE OF PERSONNEL MANAGEMENT**
RETIREMENT AND INSURANCE GROUP
WASHINGTON, D.C. 20415

OFFICIAL BUSINESS
Penalty for Private Use, $300

**IMPORTANT INFORMATION**
**FROM THE**
**OFFICE OF PERSONNEL MANAGEMENT**

THIRD CLASS
BULK RATE
POSTAGE AND FEES
PAID BY OPM
**G-24**

RI 50-45
August 1988

The table below indicates the post office boxes that can be used to write to OPM. The letters should include your annuity claim number, and should be addressed:

U.S. Office of Personnel Management
P.O. Box ________
Washington, D.C. 20044

| **TOPIC** | **POST OFFICE BOX** |
|---|---|
| NON-RECEIPT/LOST CHECK<br>(Must be in writing and include the date of the check.) | 7815 |
| CHANGE OF ADDRESS<br>(Must be in writing) | 686 |
| REQUEST DIRECT DEPOSIT<br>(Use Form SF 1199A (available at banks)) | 686 |
| HEALTH BENEFITS-GENERAL INQUIRIES | 14172 |
| FEDERAL/STATE TAX OR ALLOTMENT INQUIRIES | 989 |
| TAX ELECTION FORMS<br>(Request form W-4P(A)) | 961 |
| MARITAL/EARNINGS SURVEYS | 579 |
| STUDENT CERTIFICATION | 956 |
| GARNISHMENT/COURT ORDERS | 17 |
| CHECKS TO PAY DEPOSITS/REDEPOSITS/ OVERPAYMENTS/VOLUNTARY CONTRIBUTIONS<br>(Include claim number on check.) | 7125 |
| DISPUTED INSURANCE CLAIMS | 436 |

Correspondence on other topics can be addressed to:
U.S. Office of Personnel Management
Employee Service and Records Center
Boyers, PA 16017

Perforated for easy removal

## TOUCHTONE TELEPHONE USERS

DIAL Area Code (202) 632-8200

The tape system will inform you to press the number "0" to begin. Press the number "ZERO" on your telephone. Now you are ready to select the message you want to hear. Refer to the Telephone Inquiry Guide below. Select the number of the message you want to hear. Press those numbers on your telephone. If you want to interrupt the message to hear another one, simply refer to the Telephone Inquiry Guide to select the number of the message you want to hear. Press those numbers on your telephone at any time.

## GUIDE FOR USERS OF TOUCHTONE TELEPHONES

**10 NON-RECEIPT OF CHECK**
What you should do if you did not receive an expected check.

**15 DEATH AND SURVIVOR BENEFITS**
General information about death and survivor benefits and how to apply for those benefits.

**20 CHANGE OF ADDRESS**
How to change your retirement check mailing address
What you should do if you want to change your correspondence address.

**25 DIRECT DEPOSIT OF CHECK IN BANK**
How to arrange to have your check sent to a bank. (This is often referred to as electronic funds transfer or EFT.)

**30 HEALTH BENEFITS**
General information about medicare and health benefits.

**35 HEALTH BENEFITS ENROLLMENT**
How and when you can change your health benefits enrollment.

**40 LIFE INSURANCE**
General information about life insurance.

**45 REFUND OF RETIREMENT CONTRIBUTIONS**
What to do if you want a refund of your retirement contributions.
When to expect your refund check.

**50 YOUR FIRST RETIREMENT CHECK**
When to expect your first retirement check.

**55 FEDERAL & STATE INCOME TAX**
General information on Federal and State Income Tax.

**60 DESIGNATION OF BENEFICIARY**
Information about designating person(s) to receive your retirement or life insurance proceeds in the event of your death.

**65 ELIGIBILITY SURVEYS**
General information about surveys to determine eligibility for continuation of benefits if you are receiving a monthly annuity as: (1) an adult student survivor or (2) a disability annuitant under age 60 or (3) a surviving widow or widower under age 55.

**ROTARY INSTRUCTIONS ON REVERSE**

UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
RETIREMENT AND INSURANCE GROUP

# WELCOME TO THE RETIREMENT INFORMATION OFFICE'S SELF-SERVICE TELEPHONE INQUIRY SYSTEM

## (202) 632-8200

**AVAILABLE 24 HOURS A DAY**
**7 DAYS A WEEK**

**THIS IS NOT A TOLL FREE CALL. YOU MAY WANT TO PLACE YOUR CALL DURING NON-PEAK HOURS**

This self-service inquiry system was created to enhance our service to you. Please be advised that this is a ***recorded tape system.*** The information provided by this system will provide answers to those questions we are asked most frequently. It is not designed to answer **all** inquiries. Therefore, you might find it necessary to write to us at the addresses listed in this pamphlet, or speak with a retirement information specialist. You may do so by dialing (202) 632-7700 between the hours of 7:30 a.m. to 5:30 p.m. EST, Monday through Friday.

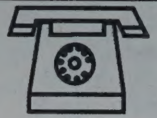
## HOW TO USE THIS SERVICE

Please carefully read and familiarize yourself with the information provided in this pamphlet before using the recorded tape system. You should keep this pamphlet handy to refer to whenever you are calling this system. Have paper and pencil ready to take notes while listening to the recorded tape system.

The recorded tape system responds differently to users of touchtone telephones than it does to those using rotary dial telephones. Although the way the system responds differs, the recorded messages are the same. Users of touchtone telephones can activate the recorded messages by pressing certain numbers on the touchtone telephone. Users of rotary dial telephones cannot activate the recorded messages by dialing. They must **tell** the system that they are interested in hearing a certain message. Please refer to the instructions provided for the telephone you are using when you call.

RI 38-83
October 1988

## ROTARY DIAL USERS



## DIAL Area Code (202) 632-8200.

The tape system will tell you to press the number "0" to begin. If you are using a rotary phone, DO NOTHING. The tape system will then tell you the subject of the available messages. If you hear the subject of a message that you would like to hear, immediately after hearing the beep say, "YES, I WANT TO HEAR IT."

The system will play that message for you.

If the tape system recites a subject of a message you are not interested in, REMAIN SILENT. The system will continue to recite the available subjects to you.

## TELEPHONE LINE INQUIRY GUIDE FOR USERS OF ROTARY DIAL TELEPHONES

### NON-RECEIPT OF CHECK

Are you interested in what to do if you did not receive an expected check? If so, say, "Yes, I want to hear it."

### DEATH

Would you like to hear information about death benefits and how to apply? If so, say, "Yes, I want to hear it."

### CHANGE OF ADDRESS

Do you want to change your check mailing address? If so, say, "Yes, I want to hear it."

Do you want to change your correspondence address? If so, say, "Yes, I want to hear it."

### DEPOSIT OF CHECK IN BANK

Are you interested in having your check sent to the bank? If so, say, "Yes, I want to hear it."

### HEALTH BENEFITS

Are you interested in hearing general information about health benefits and medicare premium withholdings? If so, say, "Yes, I want to hear it."

### HEALTH BENEFITS ENROLLMENT

If you are interested in changing your health benefits enrollment, say, "Yes, I want to hear it."

### LIFE INSURANCE

Are you interested in information about life insurance? If so, say, "Yes, I want to hear it."

### REFUND OF RETIREMENT CONTRIBUTIONS

If you would like information on how to get a refund of retirement contributions and when to expect your refund check, say, "Yes, I want to hear it."

### YOUR FIRST RETIREMENT CHECK

Are you interested in knowing when to expect your first retirement check? If so, say, "Yes, I want to hear it."

### FEDERAL & STATE INCOME TAX

Would you like information on Federal and State Income tax? If so, say, "Yes, I want to hear it."

### DESIGNATION OF BENEFICIARY

Would you like information about designating someone to receive any retirement or life insurance proceeds in the event of your death? If so, say, "Yes, I want to hear it."

### ELIGIBILITY SURVEYS

Would you like information about surveys to determine eligibility for continuation of benefits? If so, say, "Yes, I want to hear it."

**TOUCHTONE INSTRUCTIONS ON REVERSE**

Perforated for easy removal

CAR-RT SORT **CR36
DAVID F BRINER
2251 LINDEN AVE
WAUKEGAN IL 60087
3321/C2865/54

RELEASE FROM ACTIVE DUTY AND TRANSFER TO INACTIVE DUTY IN FLEET RESERVE
CLASS F-6 (WITHOUT TRAVEL)
IND-NSHPT-261 (2-60) (1910)

PREPARED
DATE 5 JUNE 1961

ORIGINAL

FROM
Commanding Officer, U.S. Naval Station, Newport, R. I.

TO
BRINER, DAVID FRANCIS, 291 72 26, HMC, USN

REFERENCE (a) BUPERS MANUAL ART C-13408
(b) BUPERS LTR PERS-E314-LS:hal of 10 MAY 1960

STATED HOME ADDRESS
222 NORTH UTICA STREET, WAUKEGAN, ILLINOIS

| | |
|---|---|
| YOUR COMMANDING OFFICER SUBSEQUENT TO THIS DATE<br>Commandant, 9TH Naval District | HIS ADDRESS IS<br>GREAT LAKES, ILLINOIS |

1. Examined and found physically qualified for release to inactive duty.

| | |
|---|---|
| DATE JUN 7 1961 | MEDICAL OFFICER B. J. FENTON<br>LT, MC, USNR B J Fenton |

2. Detached. Proceed to your home. You will regard yourself as released from all active duty effective at 2400 on the below date, at which time you are transferred to inactive duty in class listed below, Fleet Reserve.

| | |
|---|---|
| EFFECTIVE DATE OF RELEASE<br>16 JUNE 1961 | CLASS (Fleet Reserve)<br>F-6 |

3. Your "present address", the place at which you may be reached at any time by orders or other official communications will be as stated above. You may change your "present address" at any time but such change shall be reported promptly by letter to your commanding officer and to the Bureau of Supplies and Accounts, Field Branch (Special Payments Division), Cleveland 15, Ohio, in order that your retainer pay checks and official communications to you may not be delayed. Such notification shall include the same information prescribed in the following paragraph and, in addition, your old address as well as your new address.

4. On the basis of the "present address" set forth above, your commanding officer will be as shown above. Your service record will be maintained by that command and any questions regarding your status in the Fleet Reserve should be addressed to him and should include your full name, rate, service number, Fleet Reserve Class and "present address".

5. You will keep yourself in readiness to respond to orders to active duty in time of war or national emergency. You are advised that in time of peace you may be required to perform not more than 2 months active duty in each 4-year period. While on inactive duty you will be examined physically at least once during each 4-year period. Inform your commanding officer of any change in health which might prevent active service in time of war. You shall promptly answer all official correspondence addressed to you as such and shall comply with instructions contained therein. While on inactive duty you are subject at all times to the laws, regulations, and orders for the government of the Navy.

6. Permission to leave the United States for periods in excess of 30 days in time of war must be requested from the Chief of Naval Personnel, Department of the Navy, Washington 25, D. C., via your commanding officer. In time of peace, such permission must be requested from your commanding officer. You may not, however, visit belligerent countries at any time without prior approval of the Chief of Naval Personnel.

7. Permission to reside outside the United States or its territories or possessions for periods in excess of 6 months must also be requested from the Chief of Naval Personnel. Such requests must be submitted via your commanding officer and, if approved, permission to so reside will be for a period of 1 year only but may be renewed, upon request submitted prior to the expiration of the period for which previously granted, at the discretion of the Chief of Naval Personnel.

8. According to your service record, you were ordered to active duty from:

VALLEJO, CALIFORNIA

and your home of record at that time was:

WAUKEGAN, ILLINOIS

H. E. SADLER, CHSHIPCLK, USN
SEPARATION OFFICER
BY DIRECTION OF THE C. O.

COPIED TO:
- SERVICE RECORD (1)
- BUPERS (1)
- DISBURSING OFFICER (2)
- MEDICAL OFFICER (2)

| | | |
|---|---|---|
| *I certify that I have selected as my home upon transfer to the Fleet Reserve the following named place:* | NAME OF PLACE<br>222 N. Utica St. Waukegan, Illinois | |
| | ARRIVAL DATE<br>1630, 24 June 1961 | SIGNATURE (Fleet Reservist)<br>David F. Briner |

ORIGINAL

US NAVFINCEN, CLEVELAND, OHIO
PAID: $ 67.44 MILEAGE
$ NONE PER DIEM
$ 67.44 DEPN TVL
$ NONE DLA (___FY___)
From MIDDLETOWN R.I. to WAUKEGAN, ILL.
DOV # 008 dtd 7/3/61
E. L. TRUAX, D5178
BY:

NAVCOMPT FORM 2020 (7 PT) (5-58)
Approved by
Comptroller General, U. S.
March 24, 1958
CCM:est

# VOUCHER FOR REIMBURSEMENT FOR TRAVEL
## (MILITARY PERSONNEL/DEPENDENTS)

D.O. VOUCHER NO. C 008

BUREAU VOUCHER NO.

CCM

DEPARTMENT, BUREAU OR ESTABLISHMENT: Navy

PAYEE (*Name*): David F. Briner — (*Rank or rate*): HMC USNFR — (*File or Service No.*): 291 72 26

Payee

MAILING ADDRESS:
222 N. Utica St.
Waukegan, Illinois

NAVSTA NEWPORT, R.I.

OFFICIAL DUTY STATION: Fleet Reserve

~~TAD~~ ORDER NO. RID
T: 5 Jun 61

PAID BY

PAID
U. S. NAVY FINANCE CENTER (34)
CLEVELAND 14, OHIO
JUL 3 1961
SYMBOL 5178

| | ITEMS REIMBURSABLE | AMOUNT |
|---|---|---|
| MEMBER'S TRAVEL | A. MILEAGE: 1124 miles at 6¢ | $67.44 |
| | B. MONETARY ALLOWANCE IN LIEU OF TRANSPORTATION: miles at | |
| | C. PER DIEM: | |
| | D. MISC. EXPENSES | |
| DEPENDENTS' TRAVEL | A. 1 person(s) 1124 miles at 6¢ | $67.44 |
| | B. person(s) miles at | |
| DISLOCATION ALLOWANCE | | |
| TRAILER ALLOWANCE | A. miles at | |
| | B. miles at | |
| OTHER (*Specify type*) | none | |

| | | | | |
|---|---|---|---|---|
| VOUCHER DEDUCTIONS | Applied to travel advance | | TOTAL AMOUNT OF CLAIM | $134.88 |
| | Other | | TOTAL VOUCHER DEDUCTIONS | |
| | | | NET AMOUNT TO TRAVELER | $134.88 |

| CERTIFIED CORRECT AND PROPER FOR PAYMENT | DATE | SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL |
|---|---|---|
| | 6/29/61 | W. HOCKENBERGER, LTJG, SC, USN |

### ACCOUNTING CLASSIFICATION

| Appropriation Symbol and Subhead | Object Class | Expenditure Account | Chargeable Activity | Bureau Cont. Activity No. | Bureau Control No. | Subauthorization | | Amount |
|---|---|---|---|---|---|---|---|---|
| | | | | | | Activity | Number | |
| 1711453.2218 | 029 | 74270 | | 22 | 31600 | 190061 | | $67.44 |
| " | " | 74371 | | " | " | " | | $67.44 |

| PAID BY CHECK (*Number*) | (*Date of check*) | PAID BY CASH (*Amt*) | (*Date paid*) | SIGNATURE OF PAYEE (*Required for cash payment only*) |
|---|---|---|---|---|
| 70299849 | | | | |

# TRAVEL CLAIM

**(MILEAGE AND/OR PER DIEM)**

NAVCOMPT FORM 2021 (5-58)

Form approved by
Comptroller General, U. S.
March 24, 1958

NOTE: *All entries to be made by the claimant in his own handwriting.*

| | | | |
|---|---|---|---|
| FIRST NAME, MIDDLE INITIAL, LAST<br>David J. Brine | RANK OR RATING<br>HMC | FILE OR SERVICE NO.<br>2917226 | SERVICE<br>USNFR |
| DUTY STATION<br>USNFR (Inactive) | ADDRESS TO WHICH CHECK TO BE MAILED<br>222 North Utica St.<br>Waukegan, Illinois | | LOCAL PHONE NO.<br>MA3-3073 |

I HEREBY SUBMIT claim for mileage, monetary allowance in lieu of transportation, and/or per diem and miscellaneous expenses found to be due me for travel and/or periods of temporary duty performed under orders issued by U.S. Naval Station, Newport, Rhode Island file or orders number ________ dated 5 June 1961

| | | | | | |
|---|---|---|---|---|---|
| **PREVIOUS PAYMENTS RECEIVED UNDER THESE ORDERS** | AMOUNT (Enter None If Applicable) | VOUCHER NO. | DATE OF PAYMENT | SYMBOL NO. | ADVANCES (Amount received) |
| | | NAME OF PAYING OFFICER | | | $ |

## ITINERARY

**CODES**

MODE OF TRAVEL

*FIRST LETTER*
1. Transportation Request . . . . . . . . . . . . . . . T
2. Government Transportation . . . . . . . . G
3. Commercial *(own expense)* . . . . . . . . . C
4. Private Conveyance . . . . . . . . . . . . . . . . . P

*SECOND LETTER*
5. Rail . . . . . . . . . . . . . . R
6. Plane . . . . . . . . . . . . . P
7. Bus . . . . . . . . . . . . . . B
8. Vessel . . . . . . . . . . . . V
9. Auto . . . . . . . . . . . . . A

REASON FOR DELAY
1. Remain Overnight . . . . . . . . . . . . RON
2. Temporary Duty . . . . . . . . . . . . . . TDY
3. Awaiting Transportation . . . . . . . . A/T

| PLACES OF DEPARTURE, ARRIVAL AND/OR DELAY | | DEPARTED | | ARRIVED | | TRAVEL OR DELAY CODE | QUARTERS AVAILABLE OR UTILIZED | DATES AND NUMBER OF MEALS UTILIZED OR AVAILABLE INCLUDING BOX LUNCHES (i. e., 7/12(2)–7/13(3)) | AMOUNT DUE (For use by paying office only) |
|---|---|---|---|---|---|---|---|---|---|
| | | DATE | HOUR | DATE | HOUR | | | | |
| FROM Middletown, R.I.<br>AT | TO Glenmont, N.Y. | 22 June | 1515 | 22 June | 1930 | A | No | 1 meal | |
| FROM Glenmont, N.Y.<br>AT | TO Strongsville, Ohio | 23 June | 0945 | 23 June | 1830 | A | No | 2 meals | |
| FROM Strongsville, Ohio<br>AT | TO Waukegan, Ill. | 24 June | 0800 | 24 June | 1630 | A | No | 2 meals | |
| FROM<br>AT | TO Middletown, R.I. to Waukegan, Ill | | | | | | | 1124 mi x 6¢ | 67.44 |
| FROM<br>AT | TO | | | | | | | | |
| FROM<br>AT | TO | | | | | | | | |
| FROM<br>AT | TO | | | | | | | | |

NOTE: *When travel involves periods of temporary duty and/or delay as described in JTR Par. 4451-3 or 4, certificates of availability and/or utilization of government quarters and mess must be attached to this claim.*

STATEMENT OF LEAVE TAKEN

| | | | | | |
|---|---|---|---|---|---|
| NUMBER OF DAYS LEAVE AUTHORIZED IN ORDERS | None | NUMBER OF DAYS LEAVE ACTUALLY TAKEN | None | INCLUSIVE DATES OF LEAVE | None |

STATEMENT OF MISCELLANEOUS EXPENSES

| TIME | DATE | TYPE OF EXPENSE | FROM | TO | AMOUNT | ALLOWED (For use of paying office) |
|---|---|---|---|---|---|---|
| | | | | | | |

TRANSPORTATION OBTAINED WITH GOVERNMENT TRANSPORTATION REQUESTS
*(Not to be claimed by traveler)*

| TRANSPORTATION REQUEST NUMBER | AGENT'S VALUATION OF TICKET | INITIALS OF CARRIER ISSUING TICKET | MODE AND CLASS OF SERVICE† | DATE ISSUED | POINTS OF TRAVEL | |
|---|---|---|---|---|---|---|
| | | | | | FROM— | TO— |
| | | | | | | |

† "Pullman accommodations: MR, master room; DR, drawing room; CP, compartment; BR, bedroom; DSR, duplex single room; RM, roomette; DRM, duplex roomette; SOS, single occupancy section; LB, lower berth; UB upper bert; LB—UB, lower and upper bert; S, seat."

## INSTRUCTIONS

NAVY, MARCORPS AND COAST GUARD: Attach original and two copies of all travel orders and amendments thereto; all unused Government T/R's, meal tickets, or commercial tickets or portions thereof. If original orders are lost, submit three copies of orders with the following signed certificate on all copies: "I certify that my original orders are lost or destroyed. No prior claim has been submitted and if the original orders are later located, no further claim will be submitted."

## CERTIFICATES OF TRAVELER

I CERTIFY that the above statements and schedules are correct and just in all respects, that I actually performed the travel and incurred the expenses included therein, and that payment or credit has not been received except for travel advances indicated on the reverse hereof.

I FURTHER CERTIFY that during the period covered by this voucher, Government quarters as defined in par. 1150-5 JTR, and Government mess as defined in par. 1150-4 JTR, were not available and/or utilized except as indicated on the reverse hereof.

I FURTHER CERTIFY that during the period covered by this voucher, I took no leave or unnecessary delay, except as indicated above.

I FURTHER CERTIFY that I have not received Monetary Travel Allowances of any nature from any other Agency of the United States, a Foreign Government, or the United Nations for the travel and/or temporary duty set forth herein except as jointly authorized by the secretaries of the departments concerned.

RECEIVED
JUN 27 1961
CENTRAL ACCT'G DIV.
U.S. Navy Finance Center
Cleveland 14, Ohio

| | |
|---|---|
| PENALTY FOR PRESENTING FRAUDULENT CLAIM—Fine of not more than $10,000 or imprisonment for not more than 5 years or both. Title 18, U.S.C. 287; id. 1001. | FORFEITURE OF FRAUDULENT CLAIM—Falsification of an item in an expense account works a forfeiture of the claim. Title 28, U.S.C. 2514. |

| SIGNATURE OF SERVICE MEMBER | RANK OR RATING | DATE |
|---|---|---|
| David F. Briner | HMC | 26 June 1961 |

U. S. GOVERNMENT PRINTING OFFICE : 1958 OF—476476

NAVCOMPT FORM 2023 (5-58)
*Form approved by*
*Comptroller General, U. S.*
*March 24, 1958*

*NOTE: All entries to be made by claimant in his own handwriting.*

# CLAIM FOR REIMBURSEMENT FOR DEPENDENT'S TRAVEL AND/OR DISLOCATION ALLOWANCE

| | | | |
|---|---|---|---|
| 1. MEMBER'S NAME *(First, Middle Initial, Last)*<br>d F. BRINER | 2. RANK OR RATING<br>HMC | 3. FILE OR SERVICE NO.<br>291 72 26 | 4. SERVICE<br>USNFR |
| 5. OFFICIAL DUTY STATION<br>JFR (INACTIVE) | 6. ADDRESS TO WHICH CHECK IS TO BE MAILED<br>222 N. UTICA ST.<br>WAUKEGAN, ILL. | | 7. LOCAL PHONE<br>MA3-3073 |

## CLAIM

8. PAYMENTS, IN THE AMOUNTS FOUND DUE ME, IS REQUESTED FOR THE FOLLOWING:

☐ MONETARY ALLOWANCE IN LIEU OF TRANSPORTATION ☒ ACTUAL COST OF TRANSPORTATION ☐ DISLOCATION ALLOWANCE

## CERTIFICATION OF CLAIMANT

9. The following persons, who were my dependents on the effective date of the applicable orders or other authority attached, performed the travel stated in items below, with the intent of establishing a bona fide residence at destination:

| NAME | RELATIONSHIP | BIRTH DATES OF CHILDREN |
|---|---|---|
| VIRGINIA K. BRINER | Wife | |
| | | |
| | | |
| Auth: Middletown,R.I. to Waukegan,Ill 1124 mi x 6¢/$67.44 | | |
| | | |
| | | |
| | | |

*Parents, adopted children, stepchildren, or children over 21 years of age who are mentally or physically incapacitated must be classified as such and the additional certificates on the reverse must be completed. Also the additional certificates on the reverse must be completed for dependents of a FEMALE member.*

10. ON THE DATE OF RECEIPT OF ORDERS OR OTHER AUTHORITY, MY DEPENDENTS WERE LOCATED AT:
57 BEACON STREET
Middletown, Rhode Island

TRAVEL WAS ACTUALLY PERFORMED BY MY DEPENDENTS AS INDICATED BELOW:

| | |
|---|---|
| 11. FROM (Street, City and State)<br>57 Beacon Street, Middletown, Rhode Island | 12. TO (Street, City and State)<br>222 North Utica St, Waukegan, Illinois |
| 13. DATE TRAVEL BEGAN<br>1515, 22 June 1961 | 13a. DATE TRAVEL COMPLETED<br>1630, 24 June 1961 |

14. MY DEPENDENTS WERE LAST TRANSPORTED AT GOVERNMENT EXPENSE OR I WAS REIMBURSED FOR THEIR TRAVEL TO:
Newport, Rhode Island

15. TRAVEL COVERED BY THIS CLAIM REPRESENTS THE ENTIRE TRAVEL OF ALL MY DEPENDENTS ON THIS CHANGE OF STATION EXCEPT:
—

16. THIS IS THE — *(Number)* CLAIM FOR DISLOCATION ALLOWANCE BASED ON A PERMANENT CHANGE OF STATION DURING ______ *(Fiscal year)*
*(Fiscal year is determined by date of detachment from last duty station)*

| 17. GOV'T T/R NOS. OR TRANSPORTATION IN KIND FURNISHED *(If none, so state)* | 18. FROM *(City and State)* | 19. TO *(City and State)* | 20. TYPE OF TRANSPORTATION |
|---|---|---|---|
| — | — | — | — |

21. ARE ANY OF THE ABOVE DEPENDENTS CURRENTLY RECEIVING AN ALLOTMENT CHECK? ☐ NO ☒ YES *(If yes give current mailing address)* Last check to be received 1 July 1961.

22. IF ITEM 21 IS YES, ALSO GIVE ADDRESS TO WHICH ALLOTMENT CHECK WAS MAILED PRIOR TO RECEIPT OF THESE ORDERS.
222 North Utica Street, Waukegan, Illinois

23. IF THE ADDRESS GIVEN IN ITEM 21 IS DIFFERENT FROM THE DESTINATION (ITEM 12) OR IF THE ADDRESS IN ITEM 22 IS DIFFERENT FROM THE STARTING POINT OF TRAVEL (ITEM 11) EXPLAIN THE REASON FOR THE DIFFERENCE:
Item #22 was used for permanent address.

I HEREBY CERTIFY:

1. That the travel represented in this claim was actually performed with the intent of establishing a bona fide residence at the destination;
2. That all travel performed was performed at my own expense, except as otherwise noted herein;
3. That, if these orders direct my transfer to a place to which my dependents are not permitted to go, the destination *(item 12)* is designated as the place at which my dependents will establish a bona fide residence until further transportation is authorized.
4. That none of the dependents shown was a member of the uniformed services on active duty on the effective date of the orders or other authority;
5. That no prior claim has been presented by me or any member of my family for the travel of dependents claimed hereon;
6. That all entries and statements in this claim have been entered by me in my own handwriting, that I have read the completed form, and that all such entries and statements are true and correct; and
7. That I understand that misrepresentation or concealment of material facts in connection with this claim may subject me to trial by court-martial or in the federal courts with attendant penalties and forfeitures as noted below:

| | |
|---|---|
| PENALTY FOR PRESENTING FRAUDULENT CLAIM—Fine of not more than $10,000 or imprisonment for not more than 5 years or both. Title 18, U.S.C. 287; id. 1001. | FORFEITURE OF FRAUDULENT CLAIM—Falsification of an item in an expense account works a forfeiture of the claim. Title 28, U.S.C. 2514. |

| | | | |
|---|---|---|---|
| SIGN ORIGINAL ONLY | 24. SIGNATURE OF MEMBER<br>David F. Briner | 25. RANK OR RATING<br>HMC | 26. DATE<br>26 June 196 |

27. ADDITIONAL REMARKS

### ADDITIONAL CERTIFICATES OF DEPENDENCY

*(Required for dependent parents, step and adopted children, children over 21 years of age mentally or physically incapacitated, for the dependent husband and children of a female member.)*

## CERTIFICATE OF PROOF OF DEPENDENCY

I CERTIFY that my dependent *(Relationship)* ____________________ named in the attached claim *(is are)* in fact dependent upon me and that a certificate of dependency was approved by the appropriate agency. I further certify that there has been no change in the conditions of dependency since the certificate of dependency was approved. *(NOTE: In the case of a dependent parent the certificate of dependency must be approved annually.)*

SIGNATURE OF CLAIMANT ____________________

## ADDITIONAL CERTIFICATE OF RESIDENCE OF PARENT

I CERTIFY that my dependent *(Relationship)* ____________________ resided as a member of my household at time of receipt of applicable orders or other authority and resided as a member of my household established incident to the change of station.

SIGNATURE OF CLAIMANT ____________________

## ADDITIONAL CERTIFICATE FOR STEPCHILD

I CERTIFY that *(Mother's Name)* ____________________ the mother of the stepchild *(stepchildren)* named in this claim was my legal wife at the time this travel was performed.

SIGNATURE OF CLAIMANT ____________________

U. S. GOVERNMENT PRINTING OFFICE: 1958 OF—476434

David ~~Binder~~
Briner

To All Concerned September 16, 1966

Chief, Nursing Service

Procedure Committee Members

For the year 1966-67 the following are designated as members of the new Procedure Committee:

Miss Margaret Corey, R.N., Chairman
Mrs. Mary Mooney, R.N.
Mrs. Lorna Farrell, R.N. (on call)
Miss Elizabeth Niccolai, R.N.
Mrs. Marian Reid, R.N.
Miss Mary Schmitt, R.N.
Miss Karen Madsen (on call)
Miss Dolores O'Hara, R.N.
Mrs. Juliette Jackman, R.N.
Mrs. Dorothy Underwood, R.N.
Mrs. Lucy Beard, R.N.
Mrs. Rosie Harris,R.N.
Mrs. Margaret Searles, R.N.
Mrs. Ardys Brantner, R.N.
Mr. Henry Tidwell, LPN
Mrs. Hilda Artac, LPN
✓ Mr. David Briner, N.A.
Mrs. Vera Bartlett, N.A.

Meetings will be held on the third Thursday of each month at 10:00 a.m. in the Conference Room, Bldg. 5. Your contribution to this committee will be greatly appreciated.

Clinton C Sherman
CLINTON C. SHERMAN, R.N.

I HEREBY CERTIFY:

1. That the travel represented in this claim was actually performed with the intent of establishing a bona fide residence at the destination;
2. That all travel performed was performed at my own expense, except as otherwise noted herein;
3. That, if these orders direct my transfer to a place to which my dependents are not permitted to go, the destination (Item 22) is designated as the place at which my dependents will establish a bona fide residence until further transportation is authorized;
4. That none of the dependents shown was a member of the uniformed services on active duty on the effective date of the orders or other authority;
5. That no prior claim has been presented by me or any member of my family for the travel of dependents claimed herein;
6. That all entries and statements in this claim have been entered by me in my own handwriting, that I have read the [illegible], and that all such entries and statements are true and correct; and
7. That I understand that misrepresentation or concealment of material facts in connection with this claim may subject me to trial by court-martial or in the federal courts with attendant penalties and forfeitures as noted below.

| | |
|---|---|
| PENALTY FOR PRESENTING FRAUDULENT CLAIM—Fine of not more than $10,000 or imprisonment for not more than 5 years or both. Title 18, U.S.C. 287; id. 1001. | FORFEITURE OF FRAUDULENT CLAIM—[illegible] in an expense account [illegible] Title 28, U.S.C. 2514. |

| | | | |
|---|---|---|---|
| SIGN ORIGINAL ONLY | 24. SIGNATURE OF MEMBER<br>David F. Briner | 25. [illegible]<br>NBC | 26 June 1961 |

27. ADDITIONAL REMARKS

ADDITIONAL CERTIFICATES OF DEPENDENCY

(Required for dependent parents, step and adopted children, [illegible] mentally or physically incapacitated, for the dependents [illegible])

CERTIFICATE OF PROOF OF DEPENDENCY

I CERTIFY that my dependent (Relationship) ________________ named in the attached claim was in fact dependent upon me and that a certificate of dependency was approved by the appropriate [illegible]. I further certify that there has been no change in the conditions of dependency since the certificate of dependency was approved. (NOTE: In the case of a dependent parent, the certificate of dependency must be approved annually.)

SIGNATURE OF CLAIMANT ________________

ADDITIONAL CERTIFICATE OF RESIDENCE OF PARENT

I CERTIFY that my dependent (Relationship) ________________ resided as a member of my household at time of receipt of applicable orders or other authority and resided as a member of my household established incident to the change of station.

SIGNATURE OF CLAIMANT ________________

ADDITIONAL CERTIFICATE FOR STEPCHILD

I CERTIFY that (Mother's Name) ________________ the mother of the stepchild (stepchildren) named in this claim was my legal wife at the time this travel was performed.

SIGNATURE OF CLAIMANT ________________

U. S. GOVERNMENT PRINTING OFFICE: [illegible]

POST OFFICE DEPARTMENT

# NOTIFICATION OF PERSONNEL ACTION

TODAY'S DATE: 9-8-61

OFFICE (*Name and State*): Waukegan, Ill.

| | | |
|---|---|---|
| 1. LAST NAME—FIRST NAME—INITIAL<br>Briner, David F. | 2. DATE OF BIRTH (*Mo., day, year*)<br>2-1-18 | 3. EFFECTIVE DATE (*Mo., day, year*)<br>9-9-61 |

| | | | | |
|---|---|---|---|---|
| 4. | 5. POST OFFICE NO.<br>16-82560 | 6. WORK LOCATION/RURAL ROUTE NO.<br>Gt. Lakes Br. | 7. CLASS OF OFFICE<br>First | 8. EMPLOYEE NO. (*For Controller use only*)<br>99958 |

This is to notify you of the following action affecting your employment.

| | | |
|---|---|---|
| 9. NATURE OF ACTION (*Use standard terminology*)<br>Resignation | DESIG. CODE | 10. CIVIL SERVICE OR OTHER LEGAL AUTHORITY |

**FROM:**
Distribution Clerk (Sub)
POSITION NO. KP-12

| LEVEL | STEP | LONG. | BASIC COMPENSATION |
|---|---|---|---|
| PFS-4 | 1 | | $ 2.16 ph |

Post Office
Waukegan, Ill.

11. POSITION TITLE AND NUMBER
12. LEVEL, STEP COMPENSATION
13. ORGANIZATION AND INSTALLATION
14. CITY AND STATE

**TO:**
POSITION NO.

| LEVEL | STEP | LONG. | BASIC COMPENSATION |
|---|---|---|---|
| | | | |

15. VETERAN'S PREFERENCE

| NONE | 5-PT. | 10-PT. DISAB. | 10-PT. OTHER |
|---|---|---|---|
| | X | | |

16. SUBJECT TO
☐ F. I. C. A.
☒ CIVIL SERVICE RETIREMENT

17. SEX

| M | F |
|---|---|
| X | |

18. TAX CODE

| FED. | STATE |
|---|---|
| | |

19. GROUP LIFE INSURANCE
☒ COVERED ☐ WAIVED ☐ EXCLUDED

20. LEGAL RESIDENCE (*State*): Illinois CODE:

| | | | | | |
|---|---|---|---|---|---|
| 21. ROUTE LENGTH | 22. HEAVY DUTY ALLOWANCE (*Over and above basic salary*) | 23. LOCK POUCH (*Rate per year*) | 24. EQUIPMENT MAINTENANCE ALLOWANCE | 25. DATE FIRST ENTERED ON DUTY IN POSTAL SERVICE (*If known*) | 26. CAG. NO. |

| | | | |
|---|---|---|---|
| 27. SOCIAL SECURITY NO.<br>309-01-9791 | FOR USE IN CONTROLLER'S OFFICE ONLY<br>28. | 29. | 30. DATE OF APPOINTMENT AFFIDAVIT |

31. ACCESSIONS (*Choose action best describing and enter code number to right*) CODE:
09 EXCEPTED APPOINTMENT
10 TRANSFER
11 CAREER APPOINTMENT
12 REAPPOINTMENT
13 TEMPORARY FROM REGISTER
TEMPORARY PENDING REGISTER
OTHER TEMPORARY
16 RESTORATION, RETURN TO DUTY AFTER MILITARY SERVICE
17 INTRA-AGENCY TRANSFER IN
18 OTHER

32. CHANGE ACTIONS (*Choose action best describing and enter code number to right*) CODE:
20 PROMOTION
21 CHANGE TO LOWER LEVEL
22 RESTORATION. RETURN TO DUTY
23 EXTENDED LWOP, SUSPENSION
24 CONVERSION TO CAREER APPOINTMENT
25 REASSIGNMENT
26
27 OTHER
28 DUAL

33. SEPARATION (*Choose action best describing and enter code number to right*) CODE: 30
30 RESIGNATION
31 TRANSFER
32 REMOVAL
33 REDUCTION IN FORCE
34 TERMINATION
35 DEATH
36 RETIREMENT
37 DISABILITY RETIREMENT
38 SEPARATED TO MILITARY SERVICE
39 INTRA-AGENCY TRANSFER OUT
40 DISPLACEMENT
41 FAILED TO RETURN
42 OTHER

REMARKS This action is subject to all applicable laws, rules, and regulations, and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.

During probationary period.
Less than 90 days.
To accept other employment.

105 N. Chapel St.
Waukegan, Ill.

Clifton M Evans
(*Signature and title*) Postmaster

POD Form 50
Mar. 1958
Exception to Standard Form 50 Approved by Bureau of the Budget, September 1956

☆ U. S. GOVERNMENT PRINTING OFFICE: 1958-458449

COPY FOR: EMPLOYEE

David Briner

VETERANS ADMINISTRATION
HOSPITAL
DOWNEY, ILLINOIS

Revised
January 1, 1965

**TO:** ALL GS-3 NURSING ASSISTANTS

**FROM:** CHIEF, NURSING SERVICE

**SUBJ:** QUALIFICATION STANDARDS AND TRAINING POLICY

1. Operations Letter No. 60-25 from VA Central Office, Department of Medicine and Surgery changed the qualification standards for Nursing Assistants. We believe that you should know of the major changes that pertain to you.

   (a) For GS-4 positions the one year of specialized experience must have included or been supplemented by a minimum of 40 hours of advanced instruction with correlated ward practice under professional nurse supervision. This additional training adds to what you learned in the basic course of instruction. It should help you develop specific skills in giving nursing care to patients either psychiatric, tuberculous, or medical and/or surgical, or for working in the operating room.

## 2. CHANGES IN COURSE

The advanced course of instruction was reorganized to meet the above requirement since the previous course was only 20 hours in length. The course will be given on a continuing basis. Selection will be made as outlined below. The number of nursing assistants in each class will depend on such factors as educational facilities available, nearness to meeting experience requirements, and the supervisory recommendations for those who have satisfactorily demonstrated an interest in working with patients.

## 3. SELECTION PROCEDURE

The initial recommendation of candidates for training will come from the operating level - that is, the ward. The head nurse of the ward, or the appropriate nurse in charge of the ward on the afternoon or night tours of duty will consider the following abilities or traits in recommending nursing assistants for the course:

(a) Initiative in motivating patients and promoting activities on the ward.

(b) Tolerance and patience - self control under stress.

(c) Demonstrates continuous interest in patients needs and behavior.

(d) A good example to other personnel and to patients through personal appearance and conduct.

(e) Ability to get along with others.

(f) A good record of dependability, honesty, and work performance.

(g) Ability to express themselves verbally and in written reports.

(h) Knowledge of hospital and VA policies and supports them.

(i) Is adaptable and cooperative in accepting varied assignments to meet patient care needs.

Selection for attendance at each course will be made by a committee appointed by the Chief, Nursing Service.

Any questions concerning selection for advanced courses should be discussed with your head nurse.

4. PROMOTION

Completion of the course only makes you eligible to apply for vacant GS-4 positions. It does not guarantee promotion. Applications for promotion will follow the hospital's Merit Promotion Plan.

All GS-3 Nursing Assistants will be given consideration based on above criteria.

This has been cleared with the Personnel Division and is not in conflict with local merit promotion policy.

CLINTON C. SHERMAN, R.N.
Chief, Nursing Service

Dist. X - 410 - 118 (Nursing Service)

Exception to SF50
Approved by Bureau of the Budget, Oct., 1964

# NOTIFICATION OF PERSONNEL ACTION

*(EMPLOYEE - See General Information on Reverse)*

1. NAME. LAST - FIRST - MIDDLE: BRINER, DAVID F
MR. - MISS - MRS.: MR.
2. STATION NO.: 5105
3. BIRTH DATE: 02-01-18
4. SOCIAL SECURITY NO.: 309-01-9791

5. VETERAN PREFERENCE: 2 (1. NO 2. 5-PT. 3. 10-PT. DISAB. 4. 10-PT. COMP. 5. 10-PT. OTHER)
6. TENURE GROUP: 1
7. SERVICE COMP. DATE: 08-04-41
[redacted]

9. FEGLI: 1 (1. COVERED—(Regular only-declined Optional) 2. INELIGIBLE 3. WAIVED 4. COVERED—(Reg. and Opt.))
10. RETIREMENT: 1 (1. CS 2. FICA 3. FS 4. NONE 5. OTHER)
11. (For CSC use)

12. CODE: 301
S.C.
NATURE OF ACTION: RETIREMENT--DISABILITY
NTE DATE
13. EFF. DATE: 12-05-72

14. CODE
CIVIL SERVICE OR OTHER LEGAL AUTHORITY

15. FROM - POSITION TITLE AND NO.: SUPR CLERK 007790
16. PAY PL. OCCUP. CODE: GS 0301
17. GRADE OR LEVEL: 07
STEP/RATE: 4
18. SALARY: PA $ 9,959

19. NAME AND LOCATION OF EMPLOYING OFFICE: VAH ADMIN SVCS MEDICAL ADMINISTRATION DIVISION DOWNEY ILL

20. TO - POSITION TITLE AND NO.
21. PAY PL. OCCUP. CODE
22. GRADE OR LEVEL
STEP/RATE
23. SALARY

24. NAME AND LOCATION OF EMPLOYING OFFICE

25. DUTY STATION (City—State): DOWNEY IL
26. LOCATION CODE: 17-2445-097

27. APPROPRIATION: 8413.2580
28. POSITION OCCUPIED: 1 (1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE)
29. APPORTIONED POSITION: FROM (1. PROVED-1 2. WAIVED-2) TO STATE

30. REMARKS

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)

32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)

33. CODE EMPLOYING DEPARTMENT OR AGENCY
VA 00 Veterans Administration

34. SIGNATURE (Or other authentication) AND TITLE
William P Berg
PERSONNEL OFFICER 1577

35. DATE: 12-05-72

VA FORM 5-4650
JAN 1971

EXISTING STOCK OF VA FORM 5-4650, JUN 1969, WILL BE USED.

EMPLOYEE COPY 1

KEEP THIS DOCUMENT FOR YOUR RECORDS. IT IS YOUR COPY OF THE OFFICIAL RECORD OF A PERSONNEL ACTION AFFECTING YOUR EMPLOYMENT. PROMPTLY CALL ANY ERROR TO THE ATTENTION OF YOUR SUPERVISOR OR YOUR PERSONNEL OFFICE.

I. Conditions Pertinent To All Types of Personnel Action

The personnel action identified on the face of this form is subject to all applicable laws, rules, and regulations governing Federal employment and may be subject to investigation and approval by the Civil Service Commission. The action may be corrected or canceled if not in accordance with all legal requirements, or if based upon your misrepresentation or fraud.

*In addition*, the grade of the position to which you are officially assigned may be reviewed and corrected by your agency personnel office, or by the Civil Service Commission.

Your performance rating upon entrance into a new position is "satisfactory" unless or until you are notified otherwise.

Items 9 and 10 show the common types of payroll deductions: "FEGLI" for Federal Employees Group Life Insurance, "CS" for Civil Service Retirement, "FICA" for Social Security, and "FS" for Foreign Service. Additional deductions may be made under the Federal Employees Health Benefits program, and for income taxes, bonds, and other purposes authorized by law.

II. Information About Appointments

*Appointments to positions in the competitive service.* The Civil Service Act places most positions in the "competitive service." The Civil Service Commission sets qualification requirements and controls recruitment for such positions. As a general rule, persons selected from civil service registers to fill continuing jobs in the competitive service are given career-conditional appointments. Such appointments are secured through direct competition with other members of the general public seeking similar work in Government agencies, and permit qualified employees to be assigned without further competitive examination to other jobs in the competitive service. Career-conditional appointments become career appointments upon completion of 3 years of substantially continuous creditable service.

The first year following a nontemporary competitive appointment generally is a probationary period, during which period an appointee must demonstrate his full competence and fitness for Federal employment. Reinstatements are also subject to a probationary period unless one was previously completed. Transfers, promotions, changes to lower grade, and reassignments during a probationary period are subject to completion of probation.

Temporary appointments do not confer a civil service status and do not lead to career or career-conditional appointment without some further examination or qualification. Limited temporary appointments are made when there is no continuing need for a person's service, regardless of the manner in which he qualified for appointment; acceptance of such appointment will not remove a person's name from a civil service register on which he may later be reached for career-conditional appointment.

*Appointments to the positions in the excepted service.* Excepted appointments are made to positions which are excepted from the competitive service by law or other special authority. Generally the employing agency sets qualification requirements and conducts recruitment for such positions. Such appointments do not confer a competitive civil service status or eligibility for movement to jobs in the competitive service; they may be made without restrictions on tenure, with a conditional or indefinite limitation, or with a definite time limitation. A trial period may be required at the descretion of the employing office.

III. Information About Tenure Groups

Employees are ranked in tenure groups according to the nature of their appointment; those with unrestricted tenure are placed in Group I, those serving under conditional appointments which automatically lead to full tenure after a prescribed time and without further qualification are placed in Group II, and those serving under temporary or indefinite appointments not limited to an exact time or date are placed in Group III. Within each tenure group, ranking is determined by veteran preference, performance rating, and total Federal service. If it should become necessary to reduce force, employees are selected for separation or change to lower grade according to this general ranking. Employees serving under competitive appointments and those serving under excepted appointments are ranked separately for reduction in force purposes.

IV. Information About Your Status After Separation

If you are separated or placed in a nonpay status for an extended period, your employing agency will furnish you with Standard Form 8 explaining your rights for unemployment insurance benefits. If you were covered by the civil service retirement system or Federal employees group life insurance, you have previously been furnished certificates describing those programs; you can refer to such certificates for information regarding your rights and possible benefits after separation.

If you are separated from a career or career-conditional appointment, you may have reinstatement eligibility and can apply directly to any Federal activity and may be employed without further competitive examination. If you are a nonveteran and you are separated from a career-conditional appointment your eligibility for reinstatement is generally limited to 3 years from the date of separation. If you are separated from a temporary or excepted appointment you have no reinstatement privileges based upon such service.

You will be given any lump sum payment that may be due you for annual leave at the time of separation. Refund of an appropriate portion of this payment will be required if you are reemployed in a Federal agency in a position under the same leave system during the period covered by such payment.

V. Availability of Further Information

Consult your supervisor if you have questions about the above statements or the entries on the front of this form, or about other matters concerning your employment. This is particularly important on questions involving granting of leave, assignment of duties, and hours of work which are generally under his control. If your questions are technical, your supervisor may refer you to your personnel office, which will have copies of controlling civil service regulations, as well as your individual records, and so can best explain how they apply in your case.

Exception to SF50
Approved by Bureau of the Budget, Oct., 1964

# NOTIFICATION OF PERSONNEL ACTION

*(EMPLOYEE - See General Information on Reverse)*

| | | | | |
|---|---|---|---|---|
| 1. NAME. LAST - FIRST - MIDDLE<br>BRINER, DAVID F | MR. - MISS - MRS.<br>MR. | 2. STATION NO.<br>5105 | 3. BIRTH DATE<br>02-01-18 | 4. SOCIAL SECURITY NO.<br>309-01-9791 |

5. VETERAN PREFERENCE: 2 (1. NO. 2. 5-PT. 3. 10-PT. DISAB. 4. 10-PT. COMP. 5. 10-PT. OTHER)

6. TENURE GROUP: 1

7. SERVICE COMP. DATE: 08-04-41

[redacted]

9. FEGLI: 1 (1. COVERED—REG. 2. INELIGIBLE 3. WAIVED 4. COVERED—REG. AND OPTIONAL)

10. RETIREMENT: 1 (1. CS 2. FICA 3. FS 4. NO 5. OTHER)

11. (For CSC use)

| 12. CODE | S.C. | NATURE OF ACTION | NTE DATE | 13. EFF. DATE |
|---|---|---|---|---|
| 003 | | AMENDMENT | | |
| 893 | | WITHIN-GRADE INCREASE | | 10-03-71 |

14. CODE CIVIL SERVICE OR OTHER LEGAL AUTHORITY

| 15. FROM - POSITION TITLE AND NO. | 16. PAY PL. OCCUP. CODE | 17. GRADE OR LEVEL | STEP RATE | 18. SALARY |
|---|---|---|---|---|
| | | | | |

19. NAME AND LOCATION OF EMPLOYING OFFICE

| 20. TO - POSITION TITLE AND NO. | 21. PAY PL. OCCUP. CODE | 22. GRADE OR LEVEL | STEP RATE | 23. SALARY |
|---|---|---|---|---|
| | | | | |

24. NAME AND LOCATION OF EMPLOYING OFFICE

25. DUTY STATION (City—State): DOWNEY IL

26. LOCATION CODE: 17-2445-097

27. APPROPRIATION: 8413.2580

28. POSITION OCCUPIED: 1 (1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE)

29. APPORTIONED POSITION: FROM (1. PROVED-1 2. WAIVED-2) TO STATE

30. REMARKS

RETROACTIVE PAYMENT WILL BE MADE FOR PAY INCREASE SUSPENDED UNDER ECONOMIC STABILIZATION ORDERS ON THE BASIS OF COMPTROLLER GENERALS DECISION B-173976 OF 2/23/72.

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)

32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)

33. CODE EMPLOYING DEPARTMENT OR AGENCY
VA 00 Veterans Administration

34. SIGNATURE (Or other authentication) AND TITLE
William R. Berg
PERSONNEL OFFICER 1577

35. DATE 03-08-72

VA FORM 5-4650
JUN 1969

EXISTING STOCK OF VA FORM 5-4650, SEP 1964, WILL BE USED.

EMPLOYEE COPY 1

# NOTICE TO EMPLOYEE

**KEEP THIS DOCUMENT FOR YOUR RECORDS. IT IS YOUR COPY OF THE OFFICIAL RECORD OF A PERSONNEL ACTION AFFECTING YOUR EMPLOYMENT. PROMPTLY CALL ANY ERROR TO THE ATTENTION OF YOUR SUPERVISOR OR YOUR PERSONNEL OFFICE.**

## I. Conditions Pertinent To All Types of Personnel Action

The personnel action identified on the face of this form is subject to all applicable laws, rules, and regulations governing Federal employment and may be subject to investigation and approval by the Civil Service Commission. The action may be corrected or canceled if not in accordance with all legal requirements, or if based upon your misrepresentation or fraud.

*In addition,* the grade of the position to which you are officially assigned may be reviewed and corrected by your agency personnel office, or by the Civil Service Commission.

Your performance rating upon entrance into a new position is "satisfactory" unless or until you are notified otherwise.

Items 9 and 10 show the common types of payroll deductions: "FEGLI" for Federal Employees Group Life Insurance, "CS" for Civil Service Retirement, "FICA" for Social Security, and "FS" for Foreign Service. Additional deductions may be made under the Federal Employees Health Benefits program, and for income taxes, bonds, and other purposes authorized by law.

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## IV. Information About Your Status After Separation

If you are separated or placed in a nonpay status for an extended period, your employing agency will furnish you with Standard Form 8 explaining your rights for unemployment Insurance benefits. If you were covered by the civil service retirement system or Federal employees' group life insurance, you have previously been furnished certificates describing those programs; you can refer to such certificates for information regarding your rights and possible benefits after separation.

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B E

Exception to SF 50
Approved by Bureau of the Budget, Oct., 1964

# NOTIFICATION OF PERSONNEL ACTION

*(EMPLOYEE - See General Information on Reverse)*

| | | | | |
|---|---|---|---|---|
| 1. NAME, LAST - FIRST - MIDDLE<br>BRINER,DAVID F | MR. - MISS - MRS.<br>MR. | 2. STATION NO.<br>5105 | 3. BIRTH DATE<br>02-01-18 | 4. SOCIAL SECURITY NO.<br>309-01-9791 |

| | | | |
|---|---|---|---|
| 5. VETERAN PREFERENCE<br>2 — 1. NO 2. 5-PT. 3. 10-PT. DISAB. 4. 10-PT. COMP. 5. 10-PT. OTHER | 6. TENURE GROUP<br>1 | 7. SERVICE COMP. DATE<br>08-04-41 | 8. HANDICAP CODE<br>00 |
| 9. FEGLI<br>1 — 1. COVERED - REG. 2. INELIGIBLE 3. WAIVED 4. COVERED - REG. AND OPTIONAL | 10. RETIREMENT<br>1 — 1. CS 2. FICA 3. FS 4. NO 5. OTHER | 11. (For CSC use) | |

| 12. CODE | S.C. | NATURE OF ACTION | NTE DATE | 13. EFF. DATE |
|---|---|---|---|---|
| 702 | | PROMOTION | | 03-23-69 |

| 14. CODE | CIVIL SERVICE OR OTHER LEGAL AUTHORITY |
|---|---|
| H3 | REG. 335.102 |

| 15. FROM - POSITION TITLE AND NO. | 16. PAY PL. OCCUP. CODE | 17. GRADE OR LEVEL | STEP RATE | 18. SALARY |
|---|---|---|---|---|
| SUPR CLERK<br>007790 | GS<br>0301 | 05 | 4 | PA $ 6,307 |

19. NAME AND LOCATION OF EMPLOYING OFFICE
VAH ADMIN SVCS MEDICAL ADMINISTRATION DIVISION DOWNEY ILL

| 20. TO - POSITION TITLE AND NO. | 21. PAY PL. OCCUP. CODE | 22. GRADE OR LEVEL | STEP RATE | 23. SALARY |
|---|---|---|---|---|
| SUPR CLERK<br>007790 | GS<br>0301 | 06 | 3 | PA $ 6,743 |

24. NAME AND LOCATION OF EMPLOYING OFFICE
VAH ADMIN SVCS MEDICAL ADMINISTRATION DIVISION DOWNEY ILL

| | |
|---|---|
| 25. DUTY STATION (City - State)<br>DOWNEY ILL | 26. LOCATION CODE<br>12-2445-097 |

| | | |
|---|---|---|
| 27. APPROPRIATION<br>8413.2580 | 28. POSITION OCCUPIED<br>1 — 1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE | 29. APPORTIONED POSITION<br>FROM 1-PROVED-1 2-WAIVED-2 TO STATE |

30. REMARKS

| | |
|---|---|
| 31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only) | 34. SIGNATURE (Or other authentication) AND TITLE<br>William R. Berg<br>PERSONNEL OFFICER 1577 |
| 32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office) | |
| 33. CODE EMPLOYING DEPARTMENT OR AGENCY<br>VA 00 Veterans Administration | 35. DATE 03-21-69 |

VA FORM 5 - 4650
SEP 1964

EMPLOYEE COPY 1

# NOTICE TO EMPLOYEE

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*In addition*, the grade of the position to which you are officially assigned may be reviewed and corrected by your agency personnel office, or by the Civil Service Commission.

Your performance rating upon entrance into a new position is "satisfactory" unless or until you are notified otherwise.

Items 9 and 10 show the common types of payroll deductions: "FEGLI" for Federal Employees Group Life Insurance, "CS" for Civil Service Retirement, "FICA" for Social Security, and "FS" for Foreign Service. Additional deductions may be made under the Federal Employees Health Benefits program, and for income taxes, bonds, and other purposes authorized by law.

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## IV. Information About Your Status After Separation

If you are separated or placed in a nonpay status for an extended period, your employing agency will furnish you with Standard Form 8 explaining your rights for unemployment insurance benefits. If you were covered by the civil service retirement system or Federal employees' group life insurance, you have previously been furnished certificates describing those programs; you can refer to such certificates for information regarding your rights and possible benefits after separation.

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# Service Award

This certificate is awarded to

David F. Briner

by the Veterans Administration in appreciation of 25 years of faithful service to the United States Government.

1930

Given at Downey, Illinois
This 23rd day of August 1966.

William W. Bourke M.D.
HOSPITAL DIRECTOR

VA FORM 4548, APR. 1959

BUREAU OF ENGRAVING AND PRINTING, LITHO.

Exception to SF 50
Approved by Bureau of the Budget, Oct., 1964

# NOTIFICATION OF PERSONNEL ACTION

*(EMPLOYEE - See General Information on Reverse)*

| | | | | |
|---|---|---|---|---|
| 1. NAME, LAST - FIRST - MIDDLE<br>BRINER, DAVID F | MR. - MISS - MRS.<br>MR. | 2. STATION NO.<br>5105 | 3. BIRTH DATE<br>02-01-18 | 4. SOCIAL SECURITY NO.<br>309-01-9791 |

| | | | |
|---|---|---|---|
| 5. VETERAN PREFERENCE<br>2 — 1. NO 2. 5-PT. 3. 10-PT. DISAB. 4. 10-PT. COMP. 5. 10-PT. OTHER | 6. TENURE GROUP<br>1 | 7. SERVICE COMP. DATE<br>08-04-41 | 8. HANDICAP CODE<br>00 |
| 9. FEGLI<br>1 — 1. COVERED 2. INELIGIBLE 3. WAIVED | 10. RETIREMENT<br>1 — 1. CS 2. FICA 3. FS 4. NO 5. OTHER | 11. (For CSC use) | |

| 12. CODE | S.C. | NATURE OF ACTION | NTE DATE | 13. EFF. DATE |
|---|---|---|---|---|
| 893 | | WITHIN-GRADE INCREASE | | 08-25-68 |

| 14. CODE | CIVIL SERVICE OR OTHER LEGAL AUTHORITY |
|---|---|
| | |

| 15. FROM - POSITION TITLE AND NO. | 16. PAY PL. OCCUP. CODE | 17. GRADE OR LEVEL | STEP RATE | 18. SALARY |
|---|---|---|---|---|
| SUPR CLERK<br>007790 | GS<br>0301 | 05 | 3 | PA $ XXXXX<br>6,115 |

19. NAME AND LOCATION OF EMPLOYING OFFICE
VAH ADMIN SVCS MEDICAL ADMINISTRATION DIVISION DOWNEY ILL

| 20. TO - POSITION TITLE AND NO. | 21. PAY PL. OCCUP. CODE | 22. GRADE OR LEVEL | STEP RATE | 23. SALARY |
|---|---|---|---|---|
| SUPR CLERK<br>007790 | GS<br>0301 | 05 | 4 | PA $ XXXXX<br>6,307 |

24. NAME AND LOCATION OF EMPLOYING OFFICE
VAH ADMIN SVCS MEDICAL ADMINISTRATION DIVISION DOWNEY ILL

| | |
|---|---|
| 25. DUTY STATION (City - State)<br>DOWNEY ILL | 26. LOCATION CODE<br>12-2445-097 |

| | | |
|---|---|---|
| 27. APPROPRIATION<br>8413.2580 | 28. POSITION OCCUPIED<br>1 — 1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE | 29. APPORTIONED POSITION<br>FROM — TO — STATE<br>1-PROVED-1 2-WAIVED-2 |

30. REMARKS

WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE

D. B. Thompson, Actg. Chief, Med. Adm. Div.
SIGNATURE AND TITLE DATE* 7/24/68

| | |
|---|---|
| 31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only) | 34. SIGNATURE (Or other authentication) AND TITLE<br>William R. Berg<br>PERSONNEL OFFICER 1577 |
| 32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office) | |
| 33. CODE EMPLOYING DEPARTMENT OR AGENCY<br>VA 00 Veterans Administration | 35. DATE 08-23-68 |

VA FORM SEP 1964 **5 - 4650**

EMPLOYEE COPY 1

## NOTICE TO EMPLOYEE

KEEP THIS DOCUMENT FOR YOUR RECORDS. IT IS YOUR COPY OF THE OFFICIAL RECORD OF A PERSONNEL ACTION AFFECTING YOUR EMPLOYMENT. PROMPTLY CALL ANY ERROR TO THE ATTENTION OF YOUR SUPERVISOR OR YOUR PERSONNEL OFFICE.

### I. Conditions Pertinent To All Types of Personnel Action

The personnel action identified on the face of this form is subject to all applicable laws, rules, and regulations governing Federal employment and may be subject to investigation and approval by the Civil Service Commission. The action may be corrected or canceled if not in accordance with all legal requirements, or if based upon your misrepresentation or fraud.

*In addition,* the grade of the position to which you are officially assigned may be reviewed and corrected by your agency personnel office, or by the Civil Service Commission.

Your performance rating upon entrance into a new position is "satisfactory" unless or until you are notified otherwise.

Items 9 and 10 show the common types of payroll deductions: "FEGLI" for Federal Employees Group Life Insurance, "CS" for Civil Service Retirement, "FICA" for Social Security, and "FS" for Foreign Service. Additional deductions may be made under the Federal Employees Health Benefits program, and for income taxes, bonds, and other purposes authorized by law.

### II. Information About Appointments

*Appointments to positions in the competitive service:* The Civil Service Act places most positions in the "competitive service." The Civil Service Commission sets qualification requirements and controls recruitment for such positions. As a general rule, persons selected from civil service registers to fill continuing jobs in the competitive service are given career-conditional appointments. Such appointments are secured through direct competition with other members of the general public seeking similar work in Government agencies, and permit qualified employees to be assigned without further competitive examination to other jobs in the competitive service. Career-conditional appointments become career appointments upon completion of 3 years of substantially continuous creditable service.

The first year following a nontemporary competitive appointment generally is a probationary period, during which period an appointee must demonstrate his full competence and fitness for Federal employment. Reinstatements are also subject to a probationary period unless one was previously completed. Transfers, promotions, changes to lower grade, and reassignments during a probationary period are subject to completion of probation.

Temporary appointments do not confer a civil service status and do not lead to a career or career-conditional appointment without some further examination or qualification. Limited temporary appointments are made when there is no continuing need for a person's service, regardless of the manner in which he qualified for appointment; acceptance of such appointment will not remove a person's name from a civil service register on which he may later be reached for career-conditional appointment.

*Appointments to positions in the excepted service.* Excepted appointments are made to positions which are excepted from the competitive service by law or other special authority. Generally the employing agency sets qualification requirements and conducts recruitment for such positions. Such appointments do not confer a competitive civil service status or eligibility for movement to jobs in the competitive service; they may be made without restrictions on tenure, with a conditional or indefinite limitation, or with a definite time limitation. A trial period may be required at the discretion of the employing office.

### III. Information About Tenure Groups

Employees are ranked in tenure groups according to the nature of their appointment; those with unrestricted tenure are placed in Group I, those serving under conditional appointments which automatically lead to full tenure after a prescribed time and without further qualification are placed in Group II, and those serving under temporary or indefinite appointments not limited to an exact time or date are placed in Group III. Within each tenure group, ranking is determined by veteran preference, performance rating, and total Federal service. If it should become necessary to reduce force, employees are selected for separation or change to lower grade according to this general ranking. Employees serving under competitive appointments and those serving under excepted appointments are ranked separately for reduction in force purposes.

### IV. Information About Your Status After Separation

If you are separated or placed in a nonpay status for an extended period, your employing agency will furnish you with Standard Form 8 explaining your rights for unemployment insurance benefits. If you were covered by the civil service retirement system or Federal employees' group life insurance, you have previously been furnished certificates describing those programs; you can refer to such certificates for information regarding your rights and possible benefits after separation.

If you are separated from a career or career-conditional appointment, you may have reinstatement eligibility and can apply directly to any Federal activity and may be employed without further competitive examination; if you are a nonveteran and you are separated from a career-conditional appointment your eligibility for reinstatement is generally limited to 3 years from the date of separation. If you are separated from a temporary or excepted appointment, you have no reinstatement privileges based upon such service.

You will be given any lump sum payment that may be due you for annual leave at the time of separation. Refund of an appropriate portion of this payment will be required if you are reemployed in a Federal agency in a position under the same leave system during the period covered by such payment.

### V. Availability of Further Information

Consult your supervisor if you have questions about the above statements or the entries on the front of this form, or about other matters concerning your employment. This is particularly important on questions involving granting of leave, assignment of duties, and hours of work which are generally under his control. If your questions are technical, your supervisor may refer you to your personnel office, which will have copies of controlling civil service regulations, as well as your individual records, and so can best explain how they apply in your case.

OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA GEN. REG. NO. 27

5010-106

UNITED STATES GOVERNMENT

# *Memorandum*

**TO** : **Executive Secretary**
**Employee Recognition Committee (135A)**

**DATE:** June 8, 1966
~~5105 A-901~~

**FROM** : Assistant Chief, Nursing Service

**SUBJECT:** Recommendation for Outstanding Performance for
David Briner, N.A., GS-4

I have observed Mr. Briner in many work situations and have always found his performance to be well above the average. He is sincerely interested in the care of his patients and is exceptionally skilled in the performance of his duties. He is quick to note change in patients condition and promptly alerts the nurse.

Mr. Briner is always eager for new and additional knowledge and willingly gives assistance to those with less experience. He is an alert, pleasant mature person who exercises good judgment. He is considerate of nursing needs and requests of others when submitting his requests for leave. He willingly accepts reassignment to other tours of duty and fuctions well above that expected of a GS-4 nursing assistant.

I am pleased to endorse the recommendation of the head nurse and supervisor to recommend Mr. Briner for the superior performance award.

Mary W Heaney
MARY W. HEANEY, R.N.
June 24, 1966

I know that this write up is accurate and that Mr. Briner is performing as described. I concur in this recommendation.

Clinton Sherman
CLINTON C. SHERMAN, R.N.
Chief, Nursing Service

OPTIONAL FORM NO. 10 5010-106
MAY 1962 EDITION
GSA GEN. REG. NO. 27

UNITED STATES GOVERNMENT

# *Memorandum*

TO : **Hospital Director (00)** DATE: June 2, 1966
THRU : **Channels**

FROM : **Nursing Supervisor, Unit GM&S**

SUBJECT: **Outstanding Performance Rating**

1. Mr. Briner has been observed many times during the year in an increasing number of more complex assignments on a busy surgical ward.

2. His skill in completing procedures is above that of the average GS-4 nursing assistant. When assisting the doctors he often anticipates their needs before they are verbalized. This results in economy of time for both the medical staff and nursing personnel, and is certainly beneficial to the patients. The physicians recognize his capabilities and ask that he be assigned to assist them.

3. Mr. Briner is especially proficient in the care of post-operative and/or seriously ill patients. He is quick to note the appearance of untoward symptoms and reports them to the nurse promptly, thus often averting unfavorable complications in the patient's condition.

4. Mr. Briner is a mature person who exercises exceptionally good judgment. His handling of patients and his courteous manner with patients relatives and visitors to the ward does much to promote public regard for the VA. It is evident to all that he is sincerely interested in the welfare of all those under his care.

5. He is always eager to increase his knowledge and exhibits considerable teaching ability in assisting those with less expereince. He takes an active part in team conferences and the material he presents is well organized as to content and form, and is presented in a relaxed and effective fashion.

6. Because of the increased activity on the ward Mr. Briner has at times had to carry a considerable additional workload. He not only accepts this most willingly but further has consistently demonstrated initiative by voluntarily completing unassigned tasks.

7. It is a pleasure for me to approve the head nurse's recommendation that Mr. Briner be given a monetary award for outstanding performance.

Marian C. Reid, R.N.

MARIAN C. REID, R.N.

OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA GEN. REG. NO. 27

5010-107-01

UNITED STATES GOVERNMENT

# *Memorandum*

TO : Mr. David Briner

DATE: May 19, 1966

THRU : Channels

FROM : Alice R. Pearce, Head Nurse
Building 133-2B

SUBJECT: Outstanding Performance Rating

A. Name - Mr. David Briner

B. Title - Nursing Assistant GS-4

C. Current Salary - $5,109

D. Period of Time Covered May 1, 1965 thru April 30, 1966

| PERFORMANCE REQUIREMENTS | ACTUAL PERFORMANCE |
|---|---|
| I. DEPENDABILITY | |
| 1. Usually can be depended upon to use discretion and to be loyal to the policies of the hospital.<br>2. Generally is prompt in summoning nurse for assistance when care of patient is beyond his scope of ability.<br>3. Seldom needs to be reminded of special routines or patient care assignments.<br>4. Usually prompt in reporting on and off duty and in following the policy for sick, annual and emergency leave without abuse. | Mr. Briner is exceedingly dependable and trustworthy in carrying out his assignments, reporting for duty on time and as scheduled, and carry out all instructions of the nurse in charge, written or verbal. He seldom takes sick leave or emergency leave. His integrity and loyalty to the hospital and its staff is unquestionable. In moments of ward crises he can always be relied upon to be present and act promptly and effectively. He is able to quickly assign other personnel to specific duties in any emergency situation so that no time is wasted and minimal time is necessary to carry out orders. He is reliable, and trustworthy and patients can depend upon his presence when needed. He is willingly cooperative in accepting unpleasant assignments without complaint and always accepts more than his share of the work load. |

*Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan*

| PERFORMANCE REQUIREMENTS | ACTUAL PERFORMANCE |
|---|---|
| II. SKILL, APPLICATION OF PROCEDURE AND TECHNIQUE<br>1. Understands and usually applies principals and accepted procedure of nursing care pertaining to patients' needs in daily living, medical or surgical care, changes in physical condition or behavior patterns.<br>2. Generally has a good approach to and knowledge of procedures to be used with hyperactive, assaultive, suicidal, eloper, negativistic, and geriatric patients.<br>3. Usually assumes responsibility for ward environment - general cleanliness, ventilation, lighting, furniture arrangment, etc. and generally exercises precautions for safety of patients and personnel.<br>4. Almost always has understanding of assigned patients' general needs and is usually able to motivate these patients in daily living activities, social interaction or participation in planned programs.<br>5. Usually assumes responsibility for proper use, daily care and general maintenence of equipment. | Mr. Briner possesses an exceptional knowledge of all techniques and procedures on the surgical service and executes these with skill and precision in both routine and emergency situations. He absorbs instructions quickly and is always efficient and accurate in setting up equipment necessary as for oxygen therapy, wangansteen suction, post-op care, catheterization and etc. as directed by the nurse in charge. His assistance is often requested by the physicians when performing such treatments as thoracentesis, spinal puncture, cast application, or catheterization. He is outstanding in the handling of patients in a calm, pleasant manner being at all times kind and considerate in their complaints and needs as indicated by the fact that seriously ill patients request his care of them. He is outstanding in the specialing of the seriously ill, being very careful to turn them frequently, give them special back care and oral hygiene and patiently give the necessary nourishment. He has far more patience, understanding, and skill than the average nursing assistant in helping with the feeding, bathing, oral hygiene, and general environment of the patient. He is alert to all safety needs and is most effective in use and maintenance of equipment. He is fire warden of the unit and has organized the fire drills in such a way that everyone knows exactly what to do at any time a drill is called. He belongs to a small select group of nursing assistants who set an example for others to follow by constantly exceeding the requirements for skill in performance of duties. |

| PERFORMANCE REQUIREMENTS | ACTUAL PERFORMANCE |
|---|---|
| III. GOOD RELATIONSHIPS WITH PATIENTS, VISITORS AND CO-WORKERS | |
| 1. Is almost always courteous and polite.<br>2. Usually works cooperatively with others and attempts to give assistance as necessary.<br>3. Generally looks after and protects patients' belongings.<br>4. Is usually discerning in communication.<br>5. Usually serves as an example to co-workers. | Mr. Briner is always courteous and polite to patients, visitors, co-workers even under the most trying circumstances. He is always willing to teach and guide less experienced nursing assistants in a most understanding, cooperative manner, giving special emphasis to details of techniques, procedures, and patient needs. His mature judgement, friendliness, and alert mind make for excellent inter-personnel relationships within the ward team. In the hours of crisis of the expiring patient, rapport, warmth and consideration with the family has been an excellent source of public relations which has brought favorable comments from the families. |
| IV. OBSERVATION AND REPORTING | |
| 1. Usually observes patients and reports to nurse or her designee changes in behavior, physical condition or symptoms, signs of progress and results of attempts to motivate patients to assume more personal responsibility.<br>2. Almost always relays the instructions of the nurse to other hospital aides in a clear, accurate and tactful way.<br>3. Generally shows leadership ability.<br>4. Reports are usually clear, concise and inclusive. | Mr. Briner is alert, observing and reports all significant changes in patients' conditions. In care of post-operative patients, he is constantly observing I.V. fluids, blood transfusions, and takes blood pressures, pulse and respiration. He follows Doctor's orders efficiently and reassures the patient. He reports even the slightest change to the nurse in charge. He checks patients for any difficulty in breathing, symptoms of shock, irregular pulse, restlessness, weakness, cyanosis and etc. He checks to see that patients are properly groomed and that all beds are clean and towels supplied to everyone. He greets new admissions in a kind, friendly attitude and explains the routine of the ward, the use of the call cord and introduces him to patients around him. He is always willing to reinterpret policies to co-workers who are less experienced in giving more objective attitudes and effectiveness of policy changes. |

| PERFORMANCE REQUIREMENTS | ACTUAL PERFORMANCE |
|---|---|
| V. OTHER<br>1. Generally recognizes the importance of physical environment and patient differences.<br>2. Demonstrates the ability to organize and co-ordinate work.<br>3. As a regular recurring duty, usually initiates, assists with, participates in and guides appropriate diversional and social activities.<br>4. Generally takes advantage of opportunities for learning.<br>5. Almost always adjusts well to different and difficult situations.<br>6. For the most part has an understanding of the overall needs of the Service and a mature approach to hospital and ward policies.<br>7. Is usually properly groomed and in prescribed uniform or appropriate dress. | His ever willingness and cooperative manner of accepting assignments easy, or difficult, unpleasant or pleasant is exceptional in this combined N.P. & G.M.&S Surgical Unit where patients vary so in patient care. He works constantly to maintain a pleasant, relaxed environment for all patients. He observes all patients closely making sure those who are very weak or confused are assisted properly. In moments of ward emergencies he can be relied upon to be present and act promptly in a quiet, efficient manner. He always attends classes, inservice movies and lectures as scheduled by the nurse and applies these principles to the ward situation. His active participation in ward meetings has been most informative to other nursing members as he accurately and carefully relays pertinent information to the ward team. He is always meticulous in appearance, always wearing the prescribed uniform and always is carefully groomed. He is always cheerful, alert, kind, polite and vitally interested in giving good nursing care to patients. His excellent attendance proves his constant interest in his work. |

In view of Mr. Briner's continuous arduous work interest in the best possible nursing care of the hospitalized veteran and outstanding performance in all categories, I would recommend that he be considered for a monetary award.

Alice Pearce RN.
ALICE PEARCE
Head Nurse

APPROVED

W. W. BOURKE, M. D.
Hospital Director

# CERTIFICATE OF TRAINING

*This Certificate is given to*

David Briner

*for satisfactory completion of the course in*

Performance Evaluation and Appraisal

*Given at* Downey, Illinois

*on* April 29, 1971

F. R. Harrison

F. R. HARRISON, Training Coordinator

W. W. Bourke M.D.

W. W. BOURKE, M.D., Hospital Director

VA FORM 5–3904, MAY 1964

# CERTIFICATE OF TRAINING

VETERANS ADMINISTRATION · 1930 ·

*This Certificate is given to*

Dave Briner

*for satisfactory completion of the course in*

THE CHALLENGE OF EEO

*Given at* Downey, Illinois

*on* September 10, 1970

Lee Kilbourne

LEE KILBOURNE, Conference Director

WW Bourke

W. W. BOURKE, M.D., Hospital Director

VA FORM 5-3904, MAY 1964

# CERTIFICATE OF TRAINING

*This Certificate is given to*

Dave Briner

*for satisfactory completion of the course in*

Management by Objectives

*Given at* Downey, Illinois

*on* October 15, 1970

F R Harrison

F. R. HARRISON
Director, Management Training Program

W W Bourke

W. W. BOURKE, M.D., Hospital Director

VA FORM 5-3904, MAY 1964

# CERTIFICATE OF TRAINING

VETERANS ADMINISTRATION 1930

*This Certificate is given to*

David F. Briner

*for satisfactory completion of the course in*

Performance Evaluation - Within Grade Increases

*Given at* Downey, Illinois

*on* January 14, 1970

Theodore J. Peterson
THEODORE J. PETERSON, Instructor

VA FORM 5-3904, MAY 1964

# CERTIFICATE OF TRAINING

VETERANS ADMINISTRATION

1930

*This Certificate is given to*

David F. Briner

*for satisfactory completion of the course in*

Employee Recognition and Incentives

*Given at* Downey, Illinois

*on* December 2, 1969

Theodore J. Peterson

THEODORE J. PETERSON, Instructor

VA FORM 5-3904, MAY 1964

# CERTIFICATE OF TRAINING

VETERANS ADMINISTRATION

1930

*This Certificate is given to*

D. F. Briner

*for satisfactory completion of the course in*

Merit Promotion Policy

*Given at* Downey, Illinois

*on* September 30, 1969

Theodore J. Peterson

THEODORE J. PETERSON, Instructor

VA FORM 5-3904, MAY 1964

# CERTIFICATE OF TRAINING

*This Certificate is given to*

David Briner

*for satisfactory completion of the course in*

Administering Supervisor-Employee
Relationships

*Given at* Downey, Illinois

*on* February 24, 1972

Harrison
F. R. HARRISON, Training Coordinator

W W Bourke MD
W. W. BOURKE, M.D., Hospital Director

VA FORM 5-3904, MAY 1964

# CERTIFICATE OF TRAINING

VETERANS ADMINISTRATION

1930

*This Certificate is given to*

David F. Briner

*for satisfactory completion of the course in*

Leave Administration for Supervisors

*Given at* Downey, Illinois

*on* September 18, 1969

Theodore J. Peterson

THEODORE J. PETERSON, Instructor

VA FORM 5–3904, MAY 1964

# CERTIFICATE OF TRAINING

VETERANS ADMINISTRATION 1930

*This Certificate is given to*

DAVID F. BRINER

*for satisfactory completion of the course in*

Modern Supervisory Techniques

*Given at* Downey, Illinois

*on* November 27, 1968

Clinton Sherman
CLINTON C. SHERMAN, R.N., Instructor

Theodore J. Peterson
THEODORE J. PETERSON, Instructor

VA FORM 5-3904, MAY 1964

133-2B

# Veterans Administration

# Certificate of Training

DAVID BRINER

*has satisfactorily completed the course in*

REHABILITATION NURSING

*Given at* VAH, DOWNEY, ILLINOIS *Length of Course* 52 hours

*Date* May 16, 1963

[illegible] Sherman
NAME
Chief, Nursing Service
TITLE

Betty S. Mueller
NAME
Associate Chief, Nursing Service for Education
TITLE

VA Form 5-3904 Nov. 1947

# Veterans Administration

1930

# Certificate of Training

DAVID BRINER

*has satisfactorily completed the course in*

BASIC COURSE OF INSTRUCTION FOR NURSING ASSISTANTS

*Given at* VAH, DOWNEY, ILLINOIS *Length of Course* 6 months supervised practice including 113 hours classroom instruction

*Date* March 30, 1962

Clinton Sherman
NAME
Chief, Nursing Service
TITLE

Betty S. Mueller
NAME
Associate Chief, Nursing Service,
for Education
TITLE

VA Form 5-3904 Nov. 1947

136E

11-17-72

5 1 0 5 3 0 9 0 1 9 7 9 1

BRINER, David F. Mr.

Retirement (Disability) 12-5-72

Supervisory Clerk, PD# 779 GS 301 7/4 $9,959

VA Hospital, Office Operations Section, Medical Administration Division, Downey, IL

8413.2580

H.A. SCHOENFELD, Asst. Chief, Medical Admin. Div.

VETERANS ADMINISTRATION
HOSPITAL
DOWNEY, ILLINOIS 60064

September 27, 1968

YOUR FILE REFERENCE:

IN REPLY REFER TO: 556/135C
556-S-2567

Mr. David Briner
Medical Administration Division
Veterans Administration Hospital
Downey, Illinois

Dear Mr. Briner:

Your suggestion to use metal book ends for the shelves in the File Storage Rooms, has been reviewed by the Employee Recognition Committee. We are informed that the suggestion has been implemented. A cash award of $15.00 and a Suggestion Certificate have been approved. The cash award will be reflected in your salary check dated October 15, 1968. It will also be reflected in the Earnings column under Awards on your VA Form 4-5632, Earnings and Leave Statement for the same period. The Certificate is being prepared and will be delivered to you in the near future.

Thank you for your interest in improving operations of the Hospital. Please continue to look for improvements and submit your suggestions to the Committee.

Sincerely yours,

Theodore J. Peterson

THEODORE J. PETERSON
Employee Recognition Officer
Employee Recognition Committee

cc: 135D-OPF
556-S-2567

Include Zip Code in your return address and give veteran's social security number.
*Show veteran's full name and VA file number on all correspondence. If VA number is unknown, show service number.*

EMPLOYEE COPY

Optional Fo[illegible]8
July 1959
U.S. C[illegible] SERVICE COMMISSION
FPM Ch. 295
5008-104

# POSITION DESCRIPTION

1. Check one: Dept'l ☐ Field ☒

2. Official headqu[illegible]:

3. Reason for submission: Redescription

(a) If this position replaces another (i. e., a change of duties in an existing position), identify such position by title, allocation (service, series, grade), and position number
Supervisory Clerk
556-779 GS-301-6

(b) Other (specify)

4. Agency position No. 779

5. C. S. C. certification No. 556

6. Date of certification

7. Date received from C. S. C.

8. CLASSIFICATION ACTION

| ALLOCATION BY | CLASS TITLE OF POSITION | CLASS | | | INITIALS | DATE |
|---|---|---|---|---|---|---|
| | | Service | Series | Grade | | |
| a. Civil Service Commission | NOT SUSCEPTIBLE TO DUPLICATION | | | | | |
| b. Department, agency, or establishment | | | | | | |
| c. Bureau | | | | | | |
| d. Field office | Supervisory Clerk | GS | 301 | 7 | [illegible] 2 | 2 1970 |
| e. Recommended by initiating office | Supervisor - Clerk | GS | 301 | 7 | | |

9. Organizational title of position (if any)
Supervisor, Paperwork Management, Mail and Messenger Unit

10. Name of employee (If vacancy, specify V-1, 2, 3, or 4)
David F. Briner

11. Department, agency, or establishment
Veterans Administration Division

a. First subdivision
Medical Administration Division

b. Second subdivision
Office Services Section

c. Third subdivision

d. Fourth subdivision
Paperwork Management - Mail and Messenger Unit

e. Fifth subdivision

12. This is a complete and accurate description of the duties and responsibilities of my position
David F. Briner
David F. Briner (Signature of employee) 9-11-70 (Date)

13. This is a complete and accurate description of the duties and responsibilities of this position
L E Huff
L. E. Huff (Signature of immediate supervisor) 9/14/70 (Date)
Title: Chief, Office Services Section

14. Certification by head of bureau, division, field office, or designated representative
S C McDonald
S. C. McDonald (Signature) 7-14-70 (Date)
Title: Chief, Medical Administration Division

15. Certification by department, agency, or establishment
W. R. Berg
W. R. Berg (Signature) (Date)
Title: Chief, Personnel Division

16. Description of duties and responsibilities

## I PRINCIPAL DUTIES AND RESPONSIBILITIES

As Supervisor Paperwork Management, Mail and Messenger Unit, I am personally responsible for the day-to-day operation of furnishing teletype, reproduction, records maintenance and disposal, mail and messenger services, and conducts the paperwork management program throughout the hospital. Make day-to-day adjustments in duty assignments in my Unit, give necessary on-the-job and cross training, answer questions, interpret manual instructions and where necessary issue written instructions covering duty assignments. Review work for quality and quantity. Interview and select applicants within the Unit. Establish job requirements, counsel employees regarding work performance, attendance, record complaints, indebtedness and other problems which may arise. Recommend disciplinary action when deemed necessary. Problems which I cannot resolve are referred to my Supervisor. Review position descriptions to insure they accurately describe the duties being performed. Adopt established policies and procedures to this hospital and effect maximum utilization of personnel and equipment. Participate in the development of training methods for

If more space is required, use the other side and additional pages size 8 x 10½

assurance of effective and expeditious orientation of employees. Develop new standards of performance for each operation to prevent backlogs and to insure a steady flow of work without undue delay or interruptions. Employ and develop methods to stimulate proper morale and mental attitude among employees. Review leave schedules and approve leave for employees of the Unit.

Maintain program for systematic review of records and disposition of inactive records and disseminate necessary and available information to the Records Liaison Officers. Make personal visits to each liaison officer (when deemed necessary) to provide assistance in maintaining an efficient Paperwork Program within their area. Responsible for developing and conducting comprehensive station wide Training programs in all phases of Paperwork Management, including the creation, maintenance and disposition of records, preparation of correspondence, utilizationoof messengers and mail service, including use of correspondence symbols in intra-hospital routing, types of postal services available and appropriate use thereof. These training seminars are provided to Records Liaison Officers, secretaries and others who have responsibility in the creation and flow of paperwork.

Responsible for assisting in the establishing of office filing systems throughout the hospital in accordance with RCS 10-1, assuring that files are maintained in such a manner they serve the needs without excess. In those instances where the subject matter is not specifically specified in the filing sequence system, I must interpret and integrate these files into the total system for the best possible results, which requires a comprehensive knowledge of filing systems principals and use of judgement and initiative. Make personal visits to offices requesting filing equipment to insure that present equipment is being utilized properly and records are being maintained and disposed of in accordance with regulations. While visiting these offices, assure that services provided by the Unit are adequate. Also look for ways of expanding and improving services provided.

Review and approve all reproduction requests of a routine nature; others are forwarded to supervisor for necessary action. Review requests for unauthorized local forms or form letters by checking the VA Forms Catalog to determine if a form exists or a similar one can be adopted by overprinting and make recommendations to Supervisor. Assist Divisions and Services in designing local forms and form letters for submission to Central Office.

Responsible for making quarterly and annual reports of Telephone, Teletype, Western Union, Records and Official Mailing Costs. Periodically review all records in the Unit to insure accuracy and completeness.

Assist the Chief of Section in drafting written instructions such as: Office Memoranda; Station Mimoranda; Bulletins; etc. After approval by Chief, Medical Administration and signature of Director, they are published, establishing policy and procedure for requesting various services proveded by Office Services Section. Assist Section Chief in preparing annual budget. Gather information on requests for various telephone equipment by visiting offices concerned to determine their needs and make recommendations to Chief, Office Services.

I serve 30 % of my time as Acting Chief, Office Services Section and assume full responsibility for the operation of the Section. I act in the absence of the Chief, when he is conducting local investigations, E.E.D. investigations at other stations, local systematic reviews or when he is on annual, sick or official leave.

## II SUPERVISORY CONTROLS OVER POSITION

Immediately responsible to the Chief, Office Services Section and in his absence to the Assistant Chief, Medical Administration Division. When the Chief of the Section is absent, I have the authority to personally resolve any problems and answer questions regarding interpretation of policy, administrative procedures, unusual contacts, and administrative operation of this section. Have regular discussions with the Chief, Office Services Section regarding decisions made and report to him any major changes made as a result of my decisions. Written guidelines of various VA Publications, such as: Records Disposal Bulletin; Various Manuals; Program Guides; Local Directives; Postal Manual and Station Memoranda are used to provide uniform operations of the Unit. As Supervisor Paperwork Management, Mail and Messenger Unit, I have full responsibility and authority to carry out duties inherent in and delegated to the position, with wide latitude for independent judgement and initiative to complete these functions.

## III OTHER SIGNIFICANT FACTS

Must have thorough knowledge of all functions supervised. Must use initiative and good judgement on all matters to maintain good working relationship with Divisions and Services of the hospital and also of the Unit. Must have general knowledge and understanding of the operations of all Divisions and Services in order to coordinate and integrate our services with their operation. Must present a neat appearance and courteous manner at all times because of close contact with personnel throughout the hospital.

A qualified typist is not a requirement in this position; however, some typing ability is required in furnishing technical supervision to the teletype operator.

This description has been reviewed and the position conforms to the objectives of efficient position management as defined in VA Circular 00-65-1.

S. C. McDONALD
Chief Medical Administration
Division

STANDARD FORM 56
FEBRUARY 1968
U.S. CIVIL SERVICE COMMISSION
FPM SUPPLEMENT 870-1 56-108

# AGENCY CERTIFICATION OF INSURANCE STATUS
## Federal Employees Group Life Insurance Program

1. NAME (Last) (First) (Middle): BRINER, DAVID F.

2(a). DATE OF BIRTH (Month, Day, Year): 02/01/18

2(b). SOCIAL SECURITY NUMBER: 309 | 01 | 9791

3. CHECK THE REASON FOR TERMINATING INSURANCE

(a). ☐ SEPARATED

(b). ☒ RETIRED

(c). ☐ DIED — HAD EMPLOYEE AT TIME OF DEATH APPLIED FOR CIVIL SERVICE ANNUITY? ☐ YES ☐ NO

(d). ☐ 12 MONTHS NON-PAY STATUS

(e). ☐ OTHER (Specify)

4. CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY

(a). ☐ CURRENT SF 54 ATTACHED

(b). ☒ A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY

(c). ☐ A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)

NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54, IF ANY, TO ORIGINAL SF 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF SF 56; IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.

5. DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR): 12/05/72

6. ANNUAL BASIC PAY RATE (NOT AMOUNT OF INSURANCE) ON DATE IN ITEM 5. CONVERT DAILY, HOURLY, PIECE-WORK, ETC. RATE TO ANNUAL RATE.: $ 9959.00 PER ANNUM

7. DID EMPLOYEE HAVE OPTIONAL INSURANCE ON DATE IN ITEM 5? NO ☒ YES ☐ IF YES, GIVE RECEIPT DATE OF ELECTION OF OPTIONAL INSURANCE (SF 176 or 176-T):

8. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR): 10/17/72

9. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5.

Donna I. Cloud
(Personal signature of authorized agency official)

December 5, 1972
(Date)

Donna I. Cloud
(Typed name of authorized agency official)

Personnel Clerk
(Title)

Veterans Administration Hospital
(Name of agency)

Downey, Illinois 60064
(Mailing address, including ZIP Code of agency)

## IMPORTANT INFORMATION FOR EMPLOYEE

### NOTICE TO RETIRING EMPLOYEE

As a retired employee, your regular life insurance (not accidental death and dismemberment) will be continued without cost to you, provided:

- You do not convert to an individual policy of life insurance; and
- You retire with 12 or more years' creditable service of which at least 5 years are civilian service, or on account of disability; and
- You retire on an immediate annuity.

Your optional life insurance, if you have any (not accidental death and dismemberment), may also be continued, provided:

- You do not convert it; and
- You continue your regular insurance; and
- You have had optional insurance from the time it first became available to you; and
- Your monthly annuity is sufficient, after all other deductions, to pay the full cost; and
- You continue to pay the full cost until you reach age 65 (the cost will be deducted from your monthly annuity check).

Your life insurance as a retired employee will be reduced by 2% each month beginning at age 65 or at retirement, whichever is later. The maximum reduction is 75%.

You may, if you prefer, convert your insurance to an individual life insurance policy in an amount not to exceed your combined regular and optional insurance. Or you may continue your regular insurance free after retirement, if eligible as described above, and convert only your optional insurance. Your employing office will instruct you on the procedure to follow if you want to convert only your optional insurance.

If you are eligible to continue your life insurance as a retired employee, your employing agency has been instructed to attach the ORIGINAL of this form to your application for retirement *unless* you prefer to convert your regular insurance to an individual policy.

If you receive the ORIGINAL copy of this Certification after you file your application for retirement, and you do not want to convert your regular insurance to an individual policy, forward the ORIGINAL as soon as possible to the agency or office which administers your retirement system.

Keep the DUPLICATE copy for yourself. You will be notified by the Civil Service Commission of your insurance rights.

### DEATH WITHIN 31 DAYS

Under certain conditions, life insurance is payable if death occurs within 31 days after an employee's group insurance terminates, even though the employee had not applied for conversion. If death occurs within this period, further information concerning possible benefits should be obtained from the agency named in item 9 above.

### NOTICE TO EMPLOYEE RECEIVING FEDERAL EMPLOYEES' COMPENSATION

While you are receiving monthly benefits under the Federal Employees' Compensation law and are held by the Department of Labor to be unable to return to duty, your life insurance (not accidental death and dismemberment) may be continued.

Instructions on how you may apply to continue your insurance coverage while receiving Federal employees' compensation are contained on the back of PART 1—the ORIGINAL copy of this Certification, which is to be sent to the U. S. Civil Service Commission, Bureau of Retirement and Insurance, Washington, D. C. 20415. Keep the DUPLICATE copy for yourself.

**PART 2—DUPLICATE**

SEE OTHER SIDE

## IMPORTANT INFORMATION ON CONVERSION TO AN INDIVIDUAL POLICY

**Any individual policy purchased under a conversion privilege is a private business transaction between you and the eligible insurance company you select. Here are some important things you should know:**

- You may purchase an individual policy in an amount equal to or less than the total of your regular and optional insurance.
- You may continue your regular insurance free after retirement (if eligible) and convert only your optional insurance.
- You must pay the premium applicable to the type of policy you select and your age and class of risk.
- The Government will not pay any part of the premium of your individual policy.
- Your individual policy may be issued by any eligible insurance company that has agreed to issue such policies.
- Your individual policy may be in any form customarily issued by the insurance company, except term insurance, but without disability or accidental death and dismemberment benefits.
- No medical examination is required.

TYPES OF POLICIES.--The type of individual policy you select should be determined by the purpose which the policy is to serve, taking into account your other financial plans and resources. There are three basic forms of permanent policies, and other life insurance policies are primarily combinations or modifications of these three. The three basic policies are described below:

- An Ordinary Life policy, also known as a Whole Life policy or a Straight Life policy, provides life-time protection in return for premium payments throughout your entire life. The policy builds a cash value after one, two, or three years. You may withdraw this cash if you decide to stop paying premiums. Also, you may borrow upon it at any time for any purpose.
- A Limited Payment Life policy differs from Ordinary Life in three ways. First, while it also provides lifetime protection, premiums are paid over a specific number of years—usually 10, 20, or 30, or until a certain age, such as 65. Secondly, the company must charge a higher annual premium during these years. Finally, because premiums are higher, the policy's cash value increases faster.
- Endowment policies emphasize savings. They pay you a sum of money at a future date named in the policy—such as at the end of 20 years or at age 65. If you do not live until that date, this sum of money is paid upon your death to a beneficiary named by you. Both premiums and cash value are higher than for the other types of policies.

COST OF INDIVIDUAL POLICY.--Life insurance policies are issued on a participating or non-participating basis.

Premiums for participating policies are higher than those charged for non-participating policies. The part of a participating premium which is found not to be needed to furnish protection is refunded in the form of an annual dividend to the policyholder. The first dividend is usually available after premiums have been paid for one, two, or three years. To obtain the net cost of a participating policy, you should deduct these yearly dividends from the premiums.

For non-participating policies, premiums are as close as possible to what the company estimates will be needed to meet the actual cost of providing insurance protection. The premium measures the guaranteed cost to the policyholder who purchases a non-participating policy. No dividends are paid under these policies.

The following are approximate premium rates on the participating basis for Ordinary Life, the Twenty-payment Life and Twenty-year Endowment policies. The rates are shown for ages 20 to 65 at five year age intervals. Premium rates for non-participating policies are somewhat lower and no dividends will be paid under those policies. The rates shown below are examples only and are not the rates for any one company.

### ANNUAL PREMIUM RATES PER $1,000 OF INSURANCE

| AGE OF INSURED AT ISSUANCE OF POLICY | ORDINARY LIFE | 20-PAYMENT LIFE | 20-YEAR ENDOWMENT | AGE OF INSURED AT ISSUANCE OF POLICY | ORDINARY LIFE | 20-PAYMENT LIFE | 20-YEAR ENDOWMENT |
|---|---|---|---|---|---|---|---|
| | | PARTICIPATING INSURANCE (ANY DIVIDENDS PAID WILL REDUCE THESE COSTS) | | | | | |
| 20 | $18.00 | $30.00 | $49.00 | 45 | $39.00 | $50.00 | $57.00 |
| 25 | 21.00 | 33.00 | 50.00 | 50 | 47.00 | 56.00 | 62.00 |
| 30 | 24.00 | 36.00 | 51.00 | 55 | 58.00 | 65.00 | 69.00 |
| 35 | 28.00 | 40.00 | 52.00 | 60 | 73.00 | 78.00 | 79.00 |
| 40 | 33.00 | 44.00 | 54.00 | 65 | 94.00 | 95.00 | 96.00 |

HOW TO CONVERT.--To convert to an individual policy, follow the instructions on the back of Part 1—The Original copy of this Certification.

Exception to SF50
Approved by Bureau of the Budget, Oct., 1964

# NOTIFICATION OF PERSONNEL ACTION

*(EMPLOYEE - See General Information on Reverse)*

1. NAME, LAST - FIRST - MIDDLE: BRINER,DAVID F
MR. - MISS - MRS.: MR.
2. STATION NO.: 5105
3. BIRTH DATE: 02-01-18
4. SOCIAL SECURITY NO.: 309-01-9791

[redacted]

5. VETERAN PREFERENCE: 2
1. NO. 2. 5-PT. 3. 10-PT. DISAB. 4. 10-PT. COMP. 5. 10-PT. OTHER

6. TENURE GROUP: 1
7. SERVICE COMP. DATE: 08-04-41

9. FEGLI: 1
1. COVERED—REG. 2. INELIGIBLE 3. WAIVED 4. COVERED—REG. AND OPTIONAL

10. RETIREMENT: 1
1. CS 2. FICA 3. FS 4. NO 5. OTHER

11. (For CSC use)

12. CODE: 893
S.C.
NATURE OF ACTION: WITHIN-GRADE INCREASE
NTE DATE
13. EFF. DATE: 10-03-71

14. CODE
CIVIL SERVICE OR OTHER LEGAL AUTHORITY

15. FROM - POSITION TITLE AND NO.: SUPR CLERK 007790
16. PAY PL. OCCUP. CODE: GS 0301
17. GRADE OR LEVEL: 07
STEP RATE: 3
18. SALARY: PA $ 9,154

19. NAME AND LOCATION OF EMPLOYING OFFICE: VAH ADMIN SVCS MEDICAL ADMINISTRATION DIVISION DOWNEY ILL

20. TO - POSITION TITLE AND NO.: SUPR CLERK 007790
21. PAY PL. OCCUP. CODE: GS 0301
22. GRADE OR LEVEL: 07
STEP RATE: 4
23. SALARY: PA $ 9,440*

24. NAME AND LOCATION OF EMPLOYING OFFICE: VAH ADMIN SVCS MEDICAL ADMINISTRATION DIVISION DOWNEY ILL

25. DUTY STATION (City—State): DOWNEY IL
26. LOCATION CODE: 17-2445-097

27. APPROPRIATION: 8413.2580
28. POSITION OCCUPIED: 1
1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE
29. APPORTIONED POSITION
FROM TO STATE
1. PROVED-1 2. WAIVED-2

30. REMARKS

WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

L E Huff Chief Ja Svc 8/30/71
SIGNATURE AND TITLE DATE*

*EMPLOYEE WILL BE PAID THE SALARY FOR GS-7/3 PA $9154 UNTIL THE SALARY STABILIZATION PERIOD DIRECTED BY E. O. 11615 IS TERMINATED.

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)

32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)

33. CODE EMPLOYING DEPARTMENT OR AGENCY
VA 00 Veterans Administration

34. SIGNATURE (Or other authentication) AND TITLE
William R. Berg
PERSONNEL OFFICER 1577

35. DATE: 10-01-71

VA FORM JUN 1969 5-4650
EXISTING STOCK OF VA FORM 5-4650, SEP 1964, WILL BE USED.
EMPLOYEE COPY 1

# NOTICE TO EMPLOYEE

**KEEP THIS DOCUMENT FOR YOUR RECORDS. IT IS YOUR COPY OF THE OFFICIAL RECORD OF A PERSONNEL ACTION AFFECTING YOUR EMPLOYMENT. PROMPTLY CALL ANY ERROR TO THE ATTENTION OF YOUR SUPERVISOR OR YOUR PERSONNEL OFFICE.**

## I. Conditions Pertinent To All Types of Personnel Action

The personnel action identified on the face of this form is subject to all applicable laws, rules, and regulations governing Federal employment and may be subject to investigation and approval by the Civil Service Commission. The action may be corrected or canceled if not in accordance with all legal requirements, or if based upon your misrepresentation or fraud.

*In addition,* the grade of the position to which you are officially assigned may be reviewed and corrected by your agency personnel office, or by the Civil Service Commission.

Your performance rating upon entrance into a new position is "satisfactory" unless or until you are notified otherwise.

Items 9 and 10 show the common types of payroll deductions: "FEGLI" for Federal Employees Group Life Insurance, "CS" for Civil Service Retirement, "FICA" for Social Security, and "FS" for Foreign Service. Additional deductions may be made under the Federal Employees Health Benefits program, and for income taxes, bonds, and other purposes authorized by law.

## II. Information About Appointments

*Appointments to positions in the competitive service:* The Civil Service Act places most positions in the "competitive service." The Civil Service Commission sets qualification requirements and controls recruitment for such positions. As a general rule, persons selected from civil service registers to fill continuing jobs in the competitive service are given career-conditional appointments. Such appointments are secured through direct competition with other members of the general public seeking similar work in Government agencies, and permit qualified employees to be assigned without further competitive examination to other jobs in the competitive service. Career-conditional appointments become career appointments upon completion of 3 years of substantially continuous creditable service.

The first year following a nontemporary competitive appointment generally is to probationary period, during which period an appointee must demonstrate his full competence and fitness for Federal employment. Reinstatements are also subject to a probationary period unless one was previously completed. Transfers, promotions, changes to lower grade, and reassignments during a probationary period are subject to completion of probation.

Temporary appointments do not confer a civil service status and do not lead to a career or career-conditional appointment without some further examination or qualification. Limited temporary appointments are made when there is no continuing need for a person's service, regardless of the manner in which he qualified for appointment; acceptance of such appointment will not remove a person's name from a civil service register on which he may later be reached for career-conditional appointment.

*Appointments to the positions in the excepted service.* Excepted appointments are made to positions which are excepted from the competitive service by law or other special authority. Generally the employing agency sets qualification requirements and conducts recruitment for such positions. Such appointments do not confer a competitive civil service status or eligibility for movement to jobs in the competitive service; they may be made without restrictions on tenure, with a conditional or indefinite limitation, or with a definite time limitation. A trial period may be required at the descretion of the employing office.

## III. Information About Tenure Groups

Employees are ranked in tenure groups according to the nature of their appointment; those with unrestricted tenure are placed in Group I, those serving under conditional appointments which automatically lead to full tenure after a prescribed time and without further qualification are placed in Group II, and those serving under temporary or indefinite appointments not limited to an exact time or date are placed in Group III. Within each tenure group, ranking is determined by veteran preference, performance rating, and total Federal service. If it should become necessary to reduce force, employees are selected for separation or change to lower grade according to this general ranking. Employees serving under competitive appointments and those serving under excepted appointments are ranked separately for reduction in force purposes.

## IV. Information About Your Status After Separation

If you are separated or placed in a nonpay status for an extended period, your employing agency will furnish you with Standard Form 8 explaining your rights for unemployment insurance benefits. If you were covered by the civil service retirement system or Federal employees' group life insurance, you have previously been furnished certificates describing those programs; you can refer to such certificates for information regarding your rights and possible benefits after separation.

If you are separated from a career or career-conditional appointment, you may have reinstatement eligibility and can apply directly to any Federal activity and may be employed without further competitive examination; if you are a nonveteran and you are separated from a career-conditional appointment your eligibility for reinstatement is generally limited to 3 years from the date of separation. If you are separated from a temporary or excepted appointment you have no reinstatement privileges based upon such service.

You will be given any lump sum payment that may be due you for annual leave at the time of separation. Refund of an appropriate portion of this payment will be required if you are reemployed in a Federal agency in a position under the same leave system during the period covered by such payment.

## V. Availability of Further Information

Consult your supervisor if you have questions about the above statements or the entries on the front of this form, or about other matters concerning your employment. This is particularly important on questions involving granting of leave, assignment of duties, and hours of work which are generally under his control. If your questions are technical, your supervisor may refer you to your personnel office, which will have copies of controlling civil service regulations, as well as your individual records, and so can best explain how they apply in your case.

# United States Marine Corps

*This is to certify that*

David F. Briner 291 72 26 HMC USN

*has completed the course prescribed by the*

*Commandant of the Marine Corps for*

General Mathematics (99.2)

*Given at*

## Marine Corps Institute, Washington, D.C.

*this* 27th *day of* February , *19*59

Director, Marine Corps Institute

NAVMC 184-PD (REV. 12-52)

3ND-NCCC-9 (REV. 11-53)

TELEPHONE MAIN 5-4500

U. S. NAVAL CORRESPONDENCE COURSE CENTER
BUILDING "RF", U. S. NAVAL BASE
BROOKLYN 1, N. Y.

IN REPLY REFER TO:
NCCC-9/031: HM
27 FEB 1956

Pers.

**From:** Officer in Charge

**To:** DAVID F. BRINER, 291 72 26, HMC, USN

H

**Via:** COMMANDING OFFICER
NAS
NAVY #943
FPO, SAN FRANCISCO, CALIF.

**Subj:** Correspondence Course; satisfactory completion of

1. In recognition of having furthered your proficiency in the Armed Forces by the successful completion of subject course, the U. S. Naval Correspondence Course Center, on behalf of the Chief of Naval Personnel, takes pleasure in transmitting this letter of satisfactory completion.

2. The following course was completed as indicated:

| | |
|---|---|
| Course | PERSONNEL ADMINISTRATION |
| NavPers | 10968 |
| Date | 21 JAN 56 |
| Grade | 3.7 |
| Points* | |

3. A copy of this letter will be placed on file in your official record.

---

**BELOW INFORMATION REQUIRED FOR RESERVE PERSONNEL ONLY**

4. The retirement points indicated above will be prorated in accordance with the dates the assignments were completed as shown below: (Retirement points are not credited for assignments completed while on active duty)

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A. L. Jenkins
A. L. JENKINS

Copy to:

* Retirement points for reserve personnel qualified to receive such credit under existing laws and directives.

JHS:lib
1500
15 June 1959

FIRST ENDORSEMENT on CO, U.S. Naval Medical School, Bethesda Maryland ltr NC-43-23-bjh over 1550/19/2 serial C-4127 dtd 9Jun59

From: Inspector-Instructor, 1st 155mm Howitzer Battery USMCR
To: David F. BRINER 291 72 26 HMC USN

Subj: Correspondence Course in Combat and Field Medicine Practice NavPers 10706-A; completion of

1. Delivered with congratulations.

J H Strandquist
J. H. STRANDQUIST

PRNC-NNMC-192

U. S. NAVAL MEDICAL SCHOOL
NATIONAL NAVAL MEDICAL CENTER
BETHESDA 14, MARYLAND

IN REPLY REFER TO

NC-43-23-bjh
[illegible] 1550/19/2
Serial C-4127
9 June 1959

From: Commanding Officer, U. S. Naval Medical School

To: **David F. BRINER, 291 72 26 HMC USN**

Via: Inspector-Instructor
1st 155mm Howitzer Battery, USMCR
Marine Corps Reserve Training Center
Marine Barracks, Naval Base
Newport, Rhode Island

Subj: Correspondence Course in COMBAT AND FIELD MEDICINE PRACTICE
NavPers 10706-A ; completion of

1. In recognition of your having furthered your proficiency in the Armed Forces by the successful completion of the subject correspondence course on 19 May 1959 with a mark of 3.87 , the Commanding Officer, U. S. Naval Medical School, National Naval Medical Center, on behalf of the Chief of Naval Personnel, takes pleasure in transmitting this Letter of Satisfactory Completion.

2. A copy of this letter will be placed on file in your official record.

L. J. POPE

GRSaraniero
G. R. SARANIERO
By direction B

Copy to: E3
BuPers (Pers [illegible])
BuMed (Code 34)
C. O.,
File

## EDUCATION

| | | |
|---|---|---|
| Hospital Corps School | Sep 1941 - Nov 1941 | U.S.Naval Hospital<br>San Diego, Calif. |
| Intermediate Hospital Corps School | June 1945 - Sep 1945 | U.S.Naval Hospital<br>Portsmouth, Virginia |
| School of Hospital Administration | August 1947 - March 1948 | Nat'l Naval Medical Center,<br>Bethesda, Maryland |
| Adult Education (Educational Psychology) | Feb 1960 - June 1960 | Rhode Island College<br>(3 Semester Credits) |

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### Correspondence Courses Completed

| Course | School | Date Completed |
|---|---|---|
| Business English | Armed Forces Institute | 11-3-49 |
| Business Correspondence | Armed Forces Institute | 2-3-50 |
| Review Grammar | Armed Forces Institute | 11-27-50 |
| Business Law | Armed Forces Institute | 12-22-50 |
| Biology I | Armed Forces Institute | 8-18-52 |
| American Federal Gov't | Armed Forces Institute | 11-3-55 |
| Personnel Administration | Naval Correspondence School | 1-21-56 |
| Speech for Instructors | Marine Corps Institute | 4-11-58 |
| General Mathematics | Marine Corps Institute | 2-27-59 |
| Control of Communicable Disease in Man | Nat'l Naval Medical Center | 3-23-59 |
| Combat and Field Medicine Practice | Nat'l Naval Medical Center | 5-19-59 |
| Insect and Rodent Control | Nat'l Naval Medical Center | 7-16-59 |
| Standard First Aid Training Course | Naval Correspondence School | 7-17-59 |
| Hospital Administration | Nat'l Naval Medical Center | 10-21-59 |
| Chemical and Biological Warfare Defense | Naval Correspondence School | 11-2-59 |
| Treatment of Chemical Warfare Casualties | Nat'l Naval Medical Center | 11-9-59 |
| Atomic Warfare Defense | Naval Correspondence School | 12-10-59 |
| Hospital Food Service Management | Nat'l Naval Medical Center | 7-29-60 |
| Industrial Relations | Naval Correspondence School | March 1961 |

FRanklin 7-2271

U. S. NAVAL CORRESPONDENCE COURSE CENTER
U. S. NAVAL SUPPLY DEPOT
SCOTIA 2, N. Y.

3ND-NCCC-9 (REV. 7-57)

IN REPLY REFER TO: LM
NCCC-031-9:
(REV. 7-57)

17 FEB 59

From: Officer in Charge

To: DAVID F. BRINER, 291 72 26, HMC, USN

Via: COMMANDING OFFICER
I-I STAFF, 1ST 155MM HOWITZER BATT
USMRTC, MARINE BARRACKS
NEWPORT, R I

Subj: Correspondence Course; satisfactory completion of

1. In recognition of having furthered your proficiency in the Armed Forces by the successful completion of subject course, the U. S. Naval Correspondence Course Center, on behalf of the Chief of Naval Personnel, takes pleasure in transmitting this letter of satisfactory completion.

2. The following course was completed as indicated:

Course HANDBOOK FOR HOSPITAL CORPSMAN 1 & C
NavPers 91670-A
Date 24 JAN 59
Grade 3.6
Points*

---

**BELOW INFORMATION REQUIRED FOR RESERVE PERSONNEL ONLY**

3. The retirement points indicated above will be prorated in accordance with the dates the assignments were completed as shown below: (Retirement points are not credited for assignments completed while on active duty)

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Copy to:

Fred P. McDaniel

FRED P. MC DANIEL

* Retirement points for **reserve personnel** qualified to receive such credit under existing laws and directives.

JHS:lib
P11-3
1 Apr 1959

SECOND ENDORSEMENT on CMC ltr ser 23147 dtd 20 March 1959

From: Inspector-Instructor, 1st 155mm Howitzer Battery USMCR
To: David F. BRINER 291 72 26 USN

Subj: Completion of the MCI Course: General Mathematics 99.2

1. Delivered with congratulations.

J H Strandquist
J. H. STRANDQUIST

FRanklin 7-2271

U. S. NAVAL CORRESPONDENCE COURSE CENTER
U. S. NAVAL SUPPLY DEPOT
SCOTIA 2, N. Y.

3ND-NCCC-9 (REV. 7-57)

IN REPLY REFER TO: MEH
NCCC-031-9:
(REV. 7-57)

7 AUG 59

From: Officer in Charge

To: DAVID F. BRINER, 291 72 26, HMC,USN

Via: COMMANDING OFFICER
1ST 155 MM HOWITZER BATTERY,USMCR
MCR TRAINING CENTER, MB
US NAVAL BASE
NEWPORT, R.I.

Subj: Correspondence Course; satisfactory completion of

1. In recognition of having furthered your proficiency in the Armed Forces by the successful completion of subject course, the U. S. Naval Correspondence Course Center, on behalf of the Chief of Naval Personnel, takes pleasure in transmitting this letter of satisfactory completion.

2. The following course was completed as indicated:

| | |
|---|---|
| Course | MILITARY REQUIREMENTS FOR PO 3&2 |
| NavPers | 91206-A |
| Date | 28 MAY 59 |
| Grade | 3.6 |
| Points* | |

---

**BELOW INFORMATION REQUIRED FOR RESERVE PERSONNEL ONLY**

3. The retirement points indicated above will be prorated in accordance with the dates the assignments were completed as shown below: (Retirement points are not credited for assignments completed while on active duty)

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Copy to:

Fred P. McDaniel

FRED P. MC DANIEL

* Retirement points for **reserve personnel** qualified to receive such credit under existing laws and directives.

FRanklin 7-2271

U. S. NAVAL CORRESPONDENCE COURSE CENTER
U. S. NAVAL SUPPLY DEPOT
SCOTIA 2, N. Y.

3ND-NCCC-9 (REV. 7-57)

IN REPLY REFER TO: CP
NCCC-031-9:
(REV. 7-57)

11 AUG 59

From: Officer in Charge

To: DAVID F. BRINER, 291 72 26, HMC, USN

Via: COMMANDING OFFICER
I-I STAFF, 1ST 155MM HOW/BTRY
USMCR, MCRTC, MB,NB
NEWPORT, RHODE ISLAND

Subj: Correspondence Course; satisfactory completion of

1. In recognition of having furthered your proficiency in the Armed Forces by the successful completion of subject course, the U. S. Naval Correspondence Course Center, on behalf of the Chief of Naval Personnel, takes pleasure in transmitting this letter of satisfactory completion.

2. The following course was completed as indicated:

| | |
|---|---|
| Course | STANDARD FIRST AID TRAINING COURSE |
| NavPers | 91217-C |
| Date | 17 JUL 59 |
| Grade | 3.9 |
| Points* | |

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**BELOW INFORMATION REQUIRED FOR RESERVE PERSONNEL ONLY**

3. The retirement points indicated above will be prorated in accordance with the dates the assignments were completed as shown below: (Retirement points are not credited for assignments completed while on active duty)

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16.

Fred P. McDaniel

Copy to:

FRED P. MC DANIEL

* Retirement points for **reserve personnel** qualified to receive such credit under existing laws and directives.

FRanklin 7-2271

3ND-NCCC-9 (REV. 7-57)

U. S. NAVAL CORRESPONDENCE COURSE CENTER
U. S. NAVAL SUPPLY DEPOT
SCOTIA 2, N. Y.

IN REPLY REFER TO:
NCCC-031-9:
(REV. 7-57)
15 APR 59

MD

From: Officer in Charge

To:
DAVID F. BRINER, 291 72 26, HMC, USN

Via:
COMMANDING OFFICER
I-I STAFF, 1ST 155MM HOWITZER BATT USMCR
MCRTC, MB, NB,
NEWPORT, R I

Subj: Correspondence Course; satisfactory completion of

1. In recognition of having furthered your proficiency in the Armed Forces by the successful completion of subject course, the U. S. Naval Correspondence Course Center, on behalf of the Chief of Naval Personnel, takes pleasure in transmitting this letter of satisfactory completion.

2. The following course was completed as indicated:

| | |
|---|---|
| Course | MILITARY REQUIREMENTS FOR PETTY OFFICERS 1 & C |
| NavPers | 91207 |
| Date | 16 MAR 59 |
| Grade | 3.2 |
| Points* | |

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**BELOW INFORMATION REQUIRED FOR RESERVE PERSONNEL ONLY**

3. The retirement points indicated above will be prorated in accordance with the dates the assignments were completed as shown below: (Retirement points are not credited for assignments completed while on active duty)

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Copy to:

Fred P. McDaniel

FRED P. MC DANIEL

* Retirement points for **reserve personnel** qualified to receive such credit under existing laws and directives.

JHS:lib
1500
20 April 1959

FIRST ENDORSEMENT on OIC USN Correspondence Course Center, Scotia,
NY ltr NCCC-031-9: dtd 15Apr59

From: Inspector-Instructor, 1st 155mm Howitzer Battery USMCR
To: David F. BRINER 291 72 26, HMC, USN

Subj: Correspondence Course; satisfactory completion of

1. Delivered with congratulations.

J H Strandquist
J. H. STRANDQUIST

3ND-NCCC-1C

TELEPHONE MAIN 5-4500

U. S. NAVAL CORRESPONDENCE COURSE CENTER
BUILDING "RF"
U. S. NAVAL BASE
BROOKLYN 1, NEW YORK

IN REPLY REFER TO:
NCCC/P11-1/00
CST:vl
22 April 53

From: Officer in Charge

To: David F. BRINER, 291 72 26, HMC, USN

VIA: Commanding Officer
US Naval Hospital
Mare Island
Vallejo, Calif.

Subj: Correspondence Course Navy Regulations
NavPers10740-A ; completion of

1. In recognition of having furthered your proficiency in the armed forces by the successful completion of the subject correspondence course on 3-21-53 with a mark of 3.83, the U.S. Naval Correspondence Course Center, on behalf of the Chief of Naval Personnel, takes pleasure in transmitting this Letter of Satisfactory Completion.

2. A copy of this letter will be placed on file in your official record.

C. S. Taylor
C. S. TAYLOR

Copy to:
BuPers (Pers )

Francis's

Military and post
Military Career papers

# EMPLOYMENT FOLDER

David Briner

Name of Employee

VETERANS ADMINISTRATION

1930

## FEDERAL CREED OF SERVICE

We as members of the civil service accept our obligation and our opportunity to serve the American people well and in full measure, doing our best to further the free and democratic institutions of our country

We believe it is our duty to

Carry out loyally the will of the people as expressed in our laws

Serve the public with fairness, courtesy, integrity, and understanding

Help improve the efficiency, economy, and effectiveness of our work

. . . and thus do our part in performing the great services of the Government

EMPLOYMENT HISTORY

cathilerizatiôn

JOB INFORMATION

Type H